Shoulder Injuries
Diagnosis and Management

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Learning Objectives

Identify steps in the general examination of the anterior shoulder.

Recognize the mechanisms of injury, clinical signs and symptoms, diagnostic tests, and treatment for common shoulder disorders.

Disorders Of The Shoulder

Shoulder Anatomy & Physical Examination

Fractures & Dislocatio

Rotator Cuff Disorders

Separations

Anatomy Of The Shoulder Review

Bones_

Scapula

Clavicle

Proximal Humerus

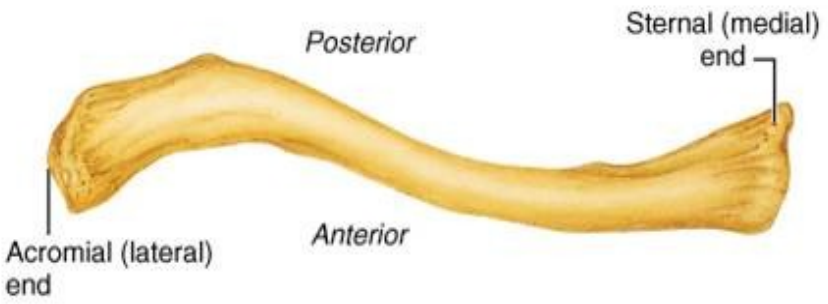
Bones_

- Scapula
  - Spans ribs 2 to 7
  - Three main processes
    - Spine
    - Acromion
    - Coracoid

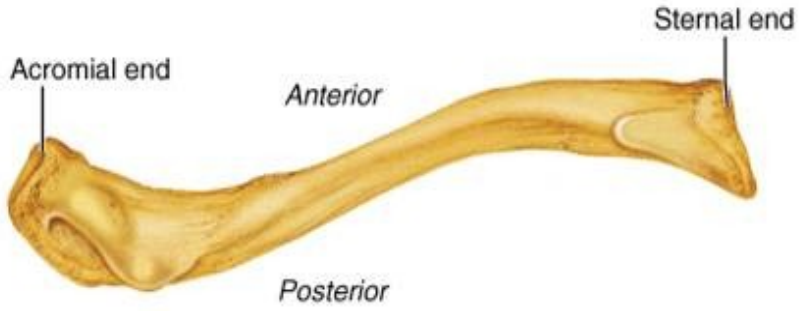
Bones

Clavicle

- Connects the sternum to the acromion
- "S" shaped



(b) Right clavicle, superior view



(c) Right clavicle, inferior view

Bones

Proximal humerus (parts)

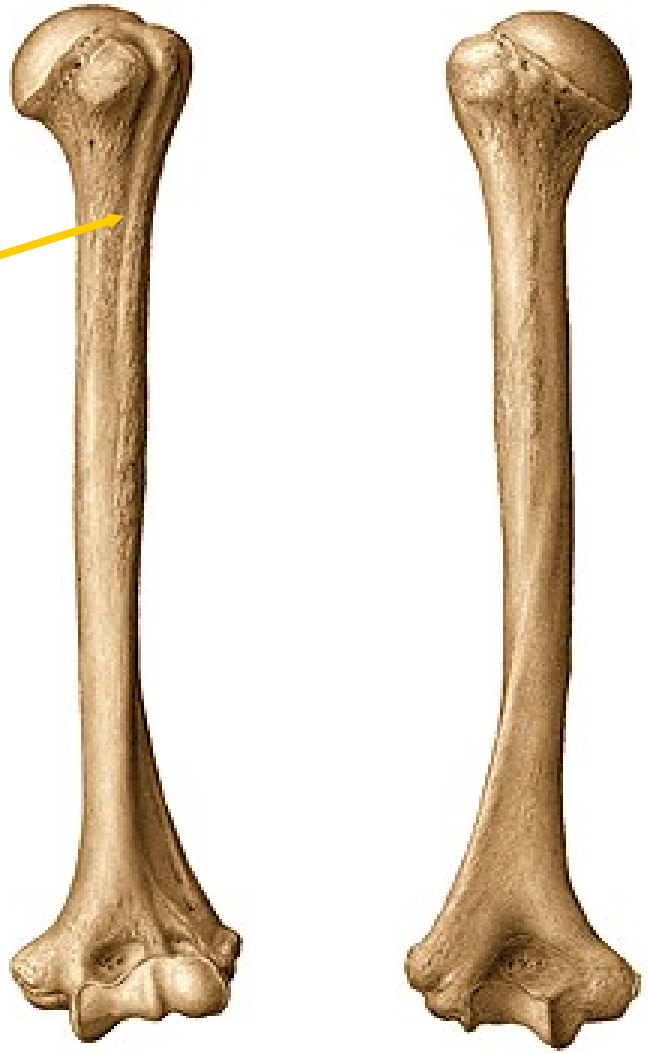
- **Head**
- **Anatomic neck**
- **Surgical neck (distal to the anatomic neck)**

Bones

- **Proximal humerus (parts)**
  - **Greater tuberosity (rotator cuff insertion - supraspinatus, infraspinatus, teres minor)**
  - **Lesser tuberosity (rotator cuff insertion - subscapularis)**

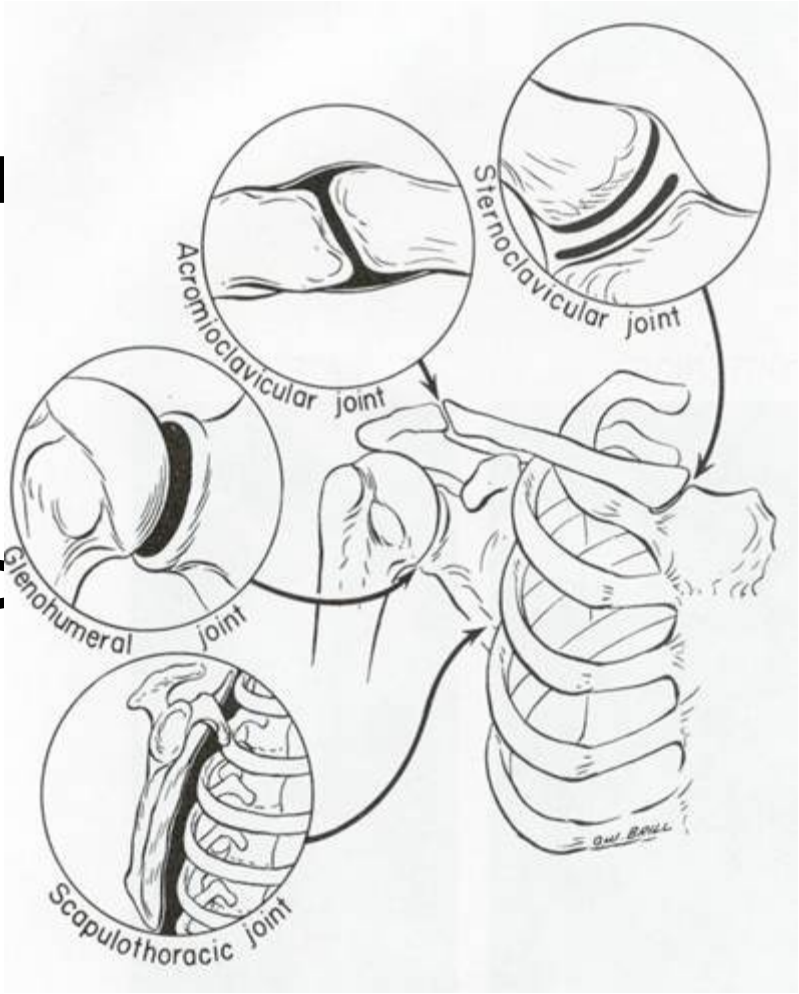
Bones

- **Proximal humerus (parts)**
  - **Intertubercular groove (bicipital groove) – Long head of the biceps**



Joints

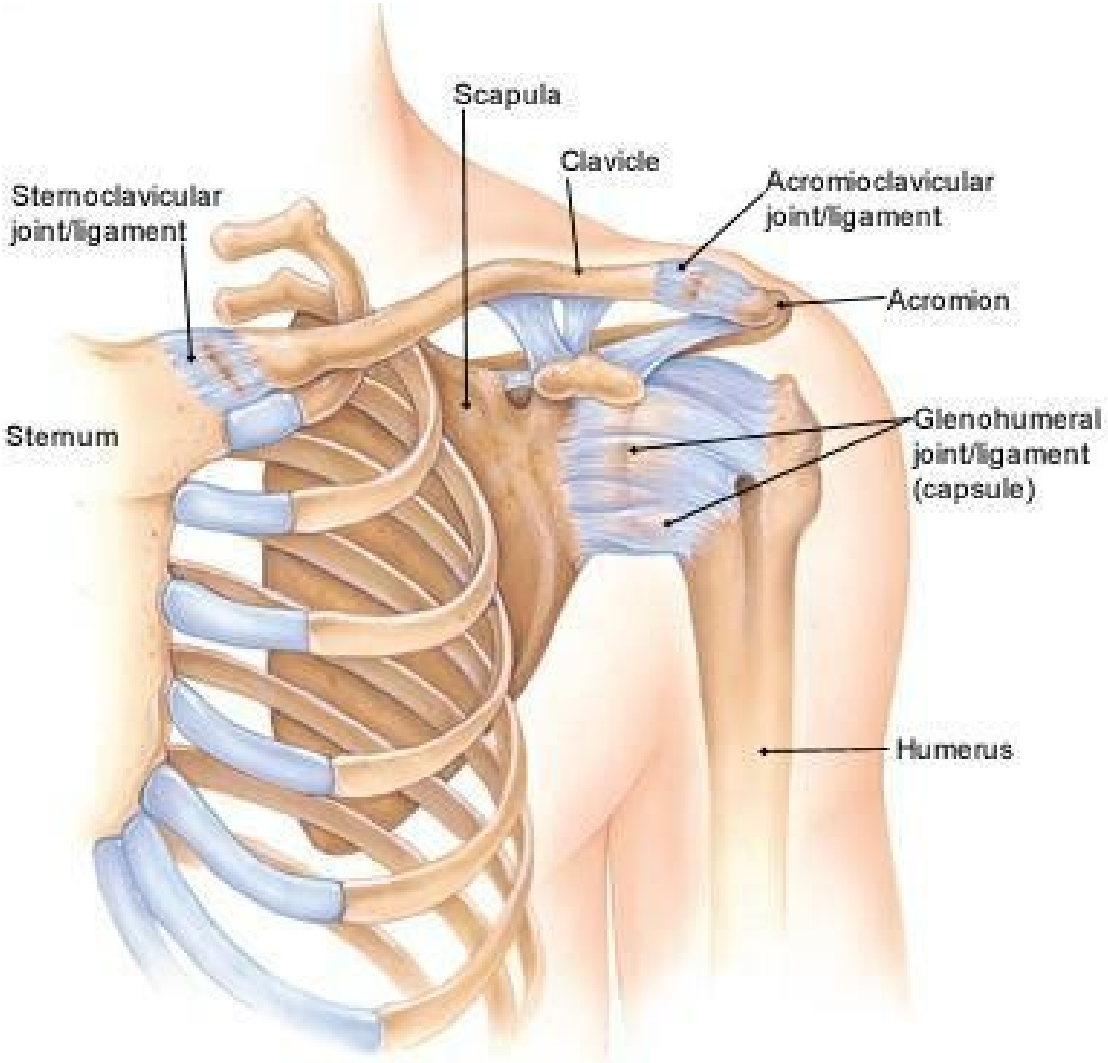
- **Glenohumeral joint**
- **Sternoclavicular joint**
- **Acromioclavicular joint**
- **Scapulothoracic joint**



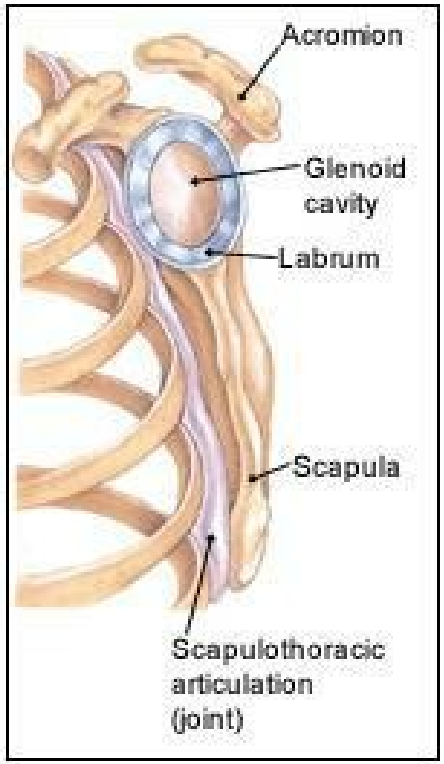
Glenohumeral Joint

- Ball (Humeral head) and socket (Glenoid)
- Muscles provide the primary support
- The labrum lines the glenoid cavity and deepens the socket
- Ligaments - glenohumeral (inferior glenohumeral is the most important), coracohumeral, capsular

G-H Joint



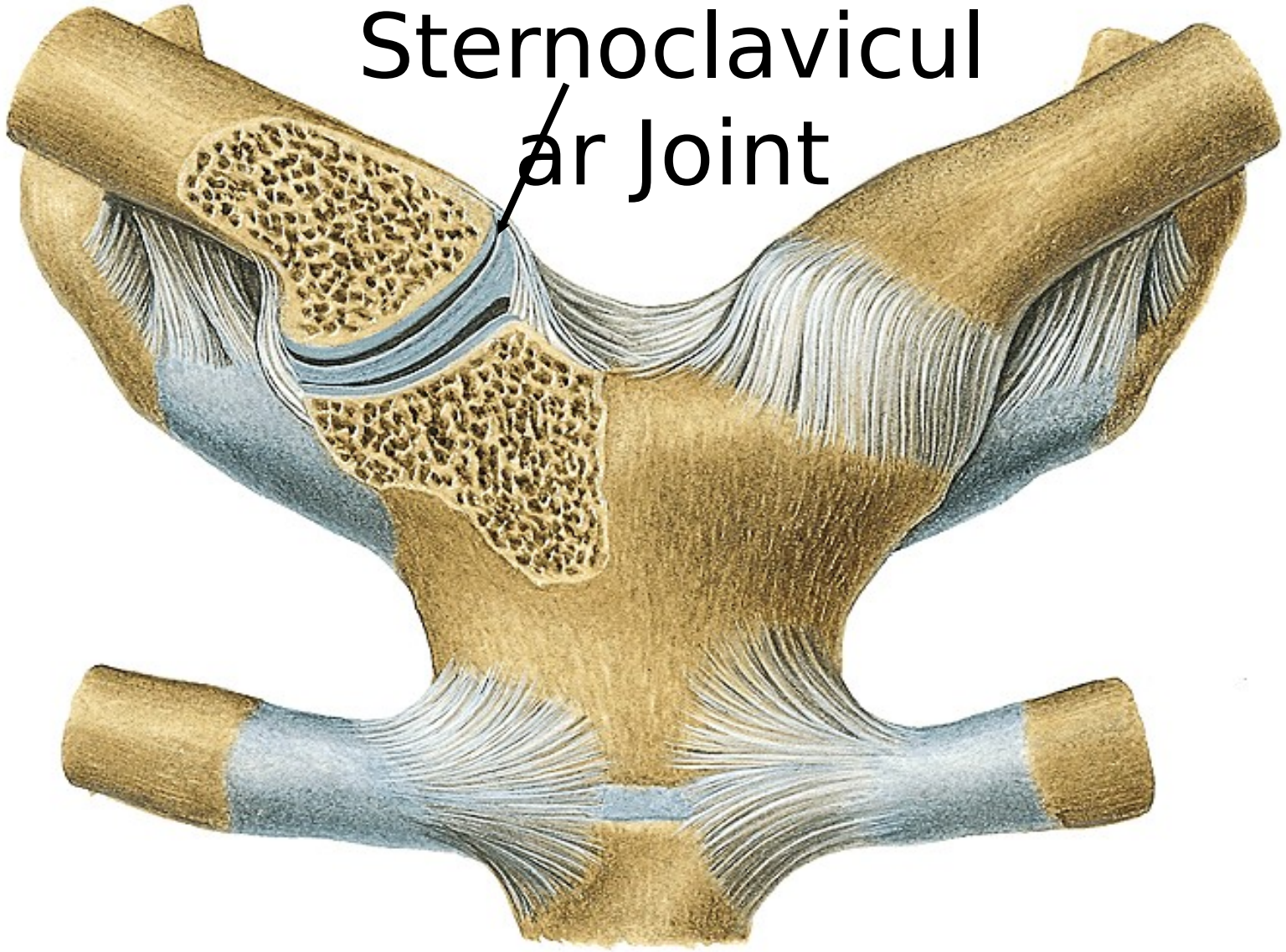
Anterior view



Anterolateral view

Sternoclavicular Joint

- Gliding joint
- The only bony attachment to the Axial skeleton is the S-C Joint
- Articular disc interspaced between surfaces
- Rotates 30 degrees with glenohumeral motion
- Ligaments - anterior and posterior sternoclavicular, capsular

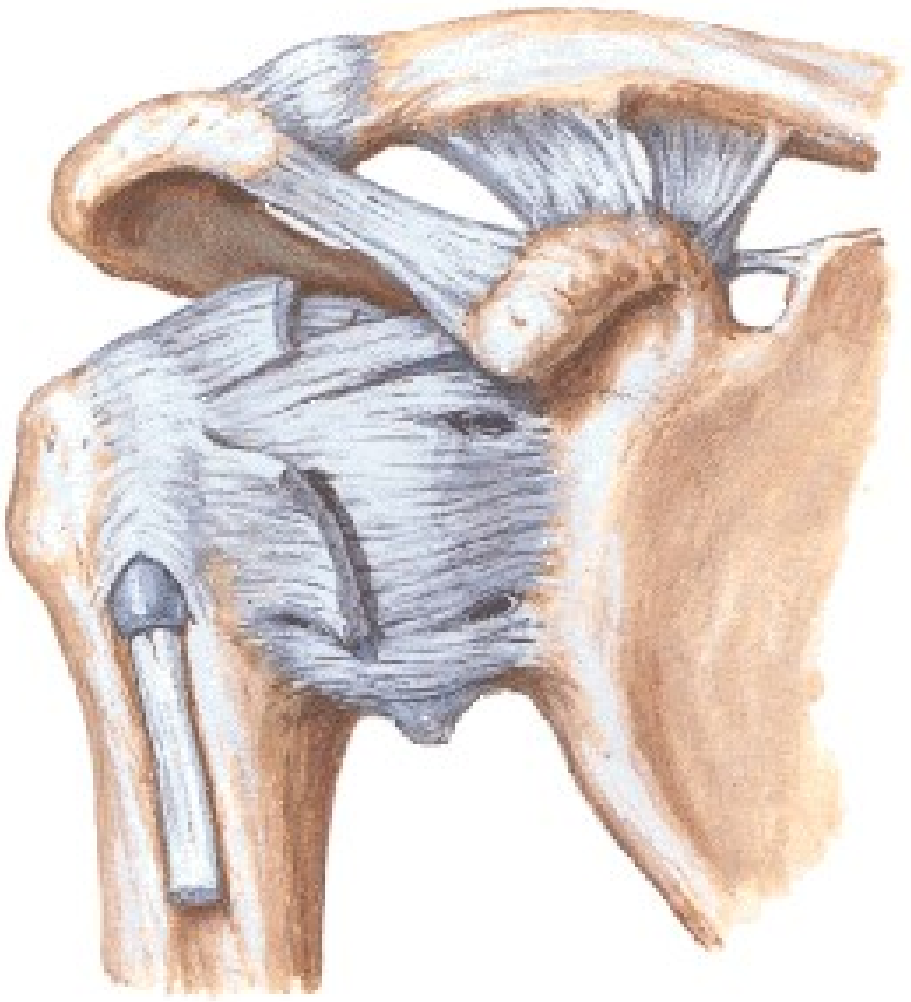

Sternoclavicul
ar Joint

Acromioclavicular Joint

Gliding joint

Disc interspaced between surfaces

Anchors the lateral clavicle

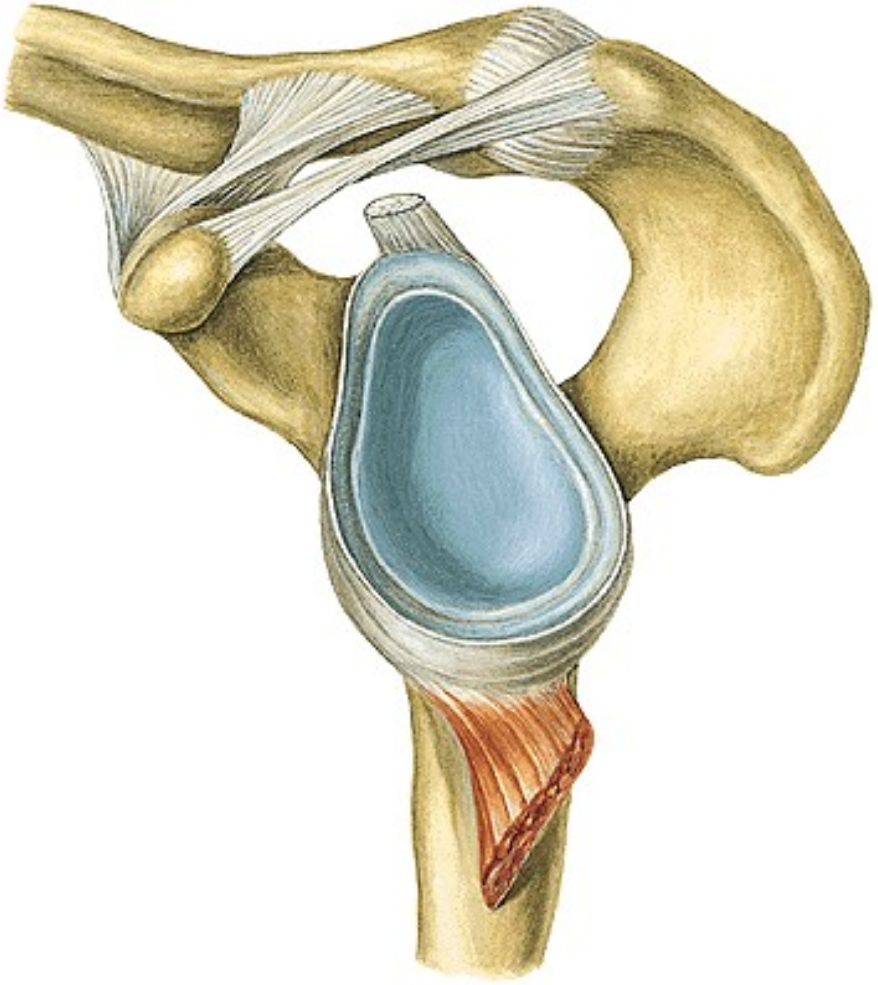


A-C Joint

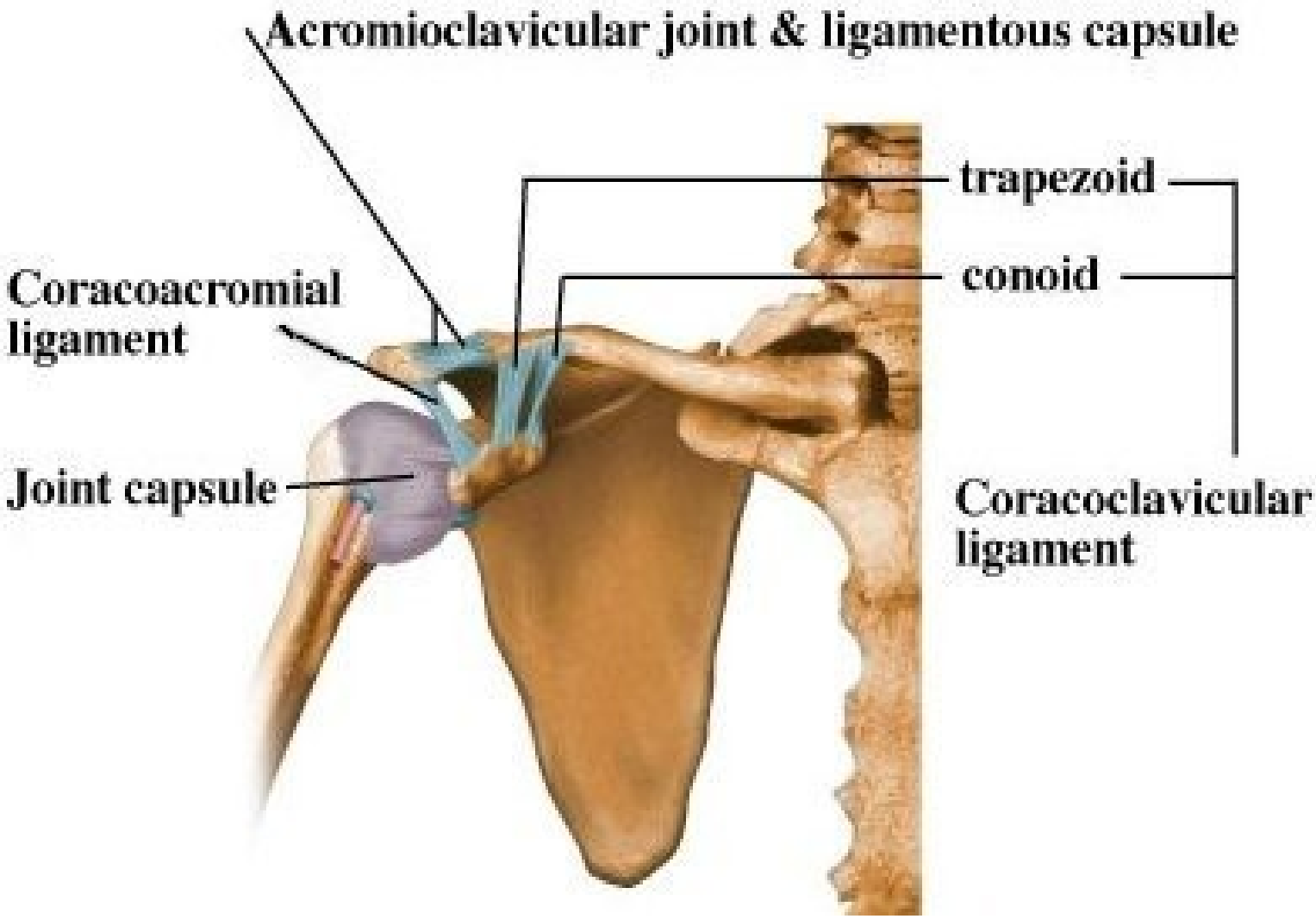
Ligaments

A-C

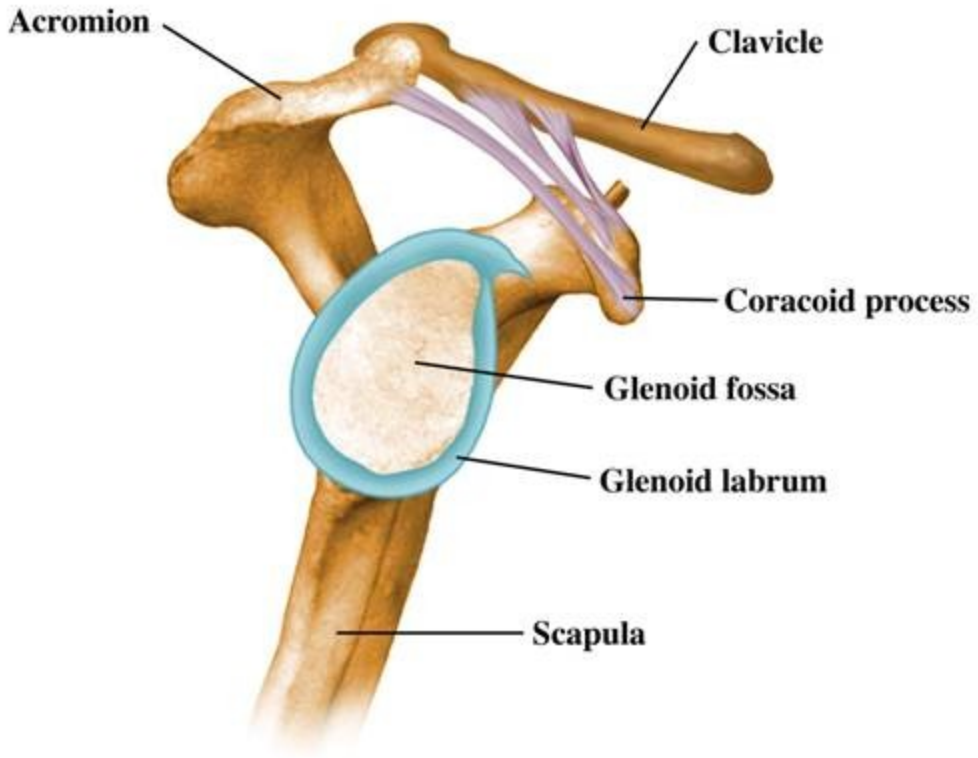
C-C



A-C Joint


Acromioclavicular joint & ligamentous capsule
trapezoid
conoid
Coracoacromial ligament
Joint capsule
Coracoclavicular ligament

A-C Joint

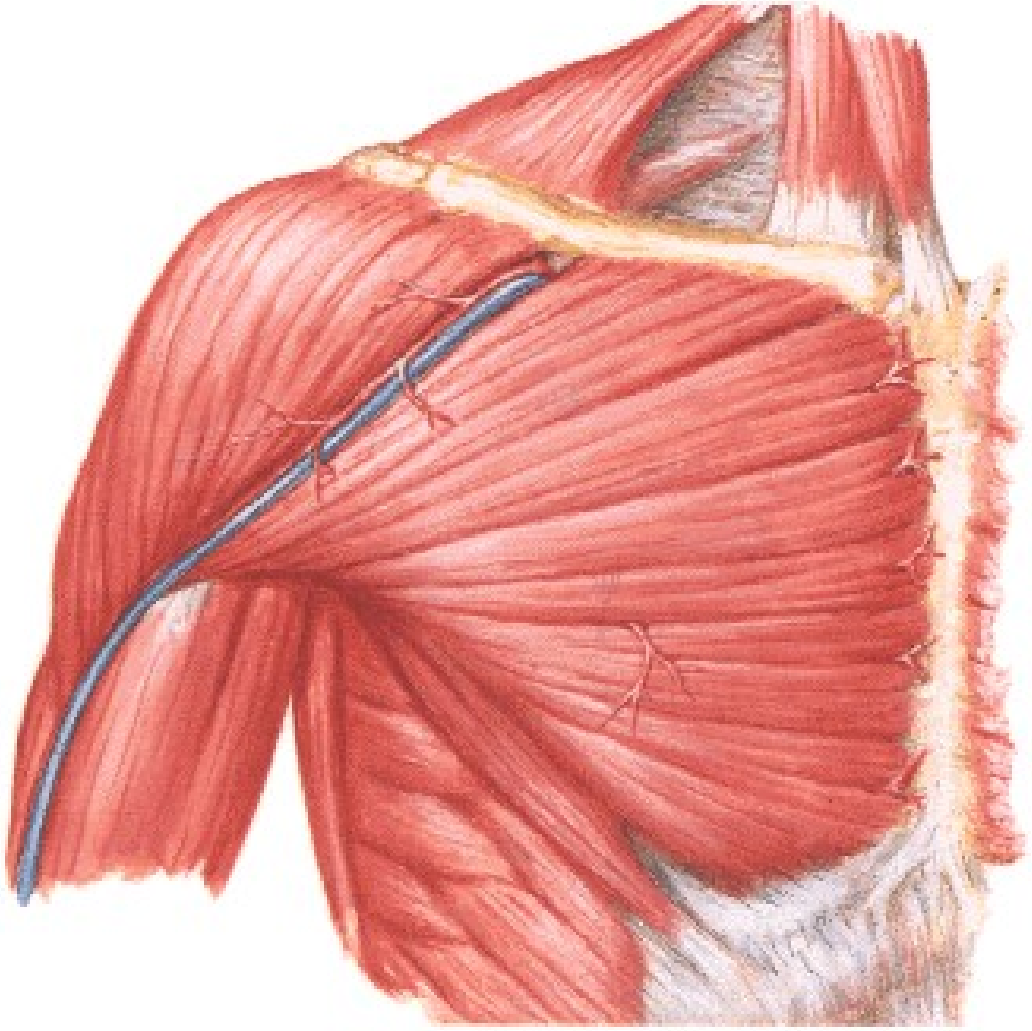

Acromion
Clavicle
Coracoid process
Glenoid fossa
Glenoid labrum
Scapula

Scapulothoracic Joint

Soft-tissue joint

Allows for scapular translation

Muscles



Muscles

Spine connectors

- **Trapezius (Upper, Middle & Lower)**
- **Latissimus dorsi**
- **Rhomboids (Major & Minor)**
- **Levator scapulae**
- **Scalenes**

Thoracic connectors

- **Pectoralis major**
- **Pectoralis minor**
- **Subclavius**
- **Serratus anterior**

Muscles

- **Shoulder movers**
  - **Deltoids (abduction, flexion, extension, horizontal AB/ADduction)**
  - **Teres major (adduction, internal rotation)**
  - **Supraspinatus (abduction, external rotation)**
  - **Infraspinatus (external rotation)**

Muscles

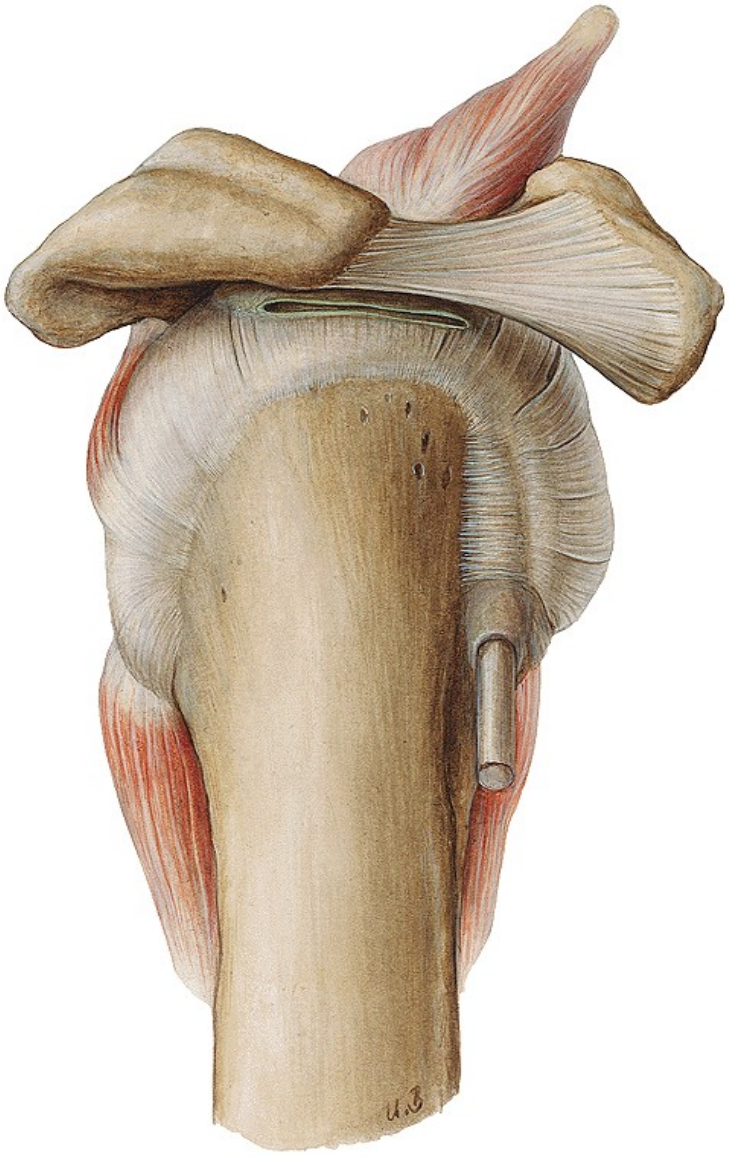
- **Shoulder movers**
  - **Teres minor (external rotation)**
  - **Subscapularis (internal rotation)**
  - **Coracobrachialis (flexion)**
  - **Biceps long head (flexion)**

Muscles

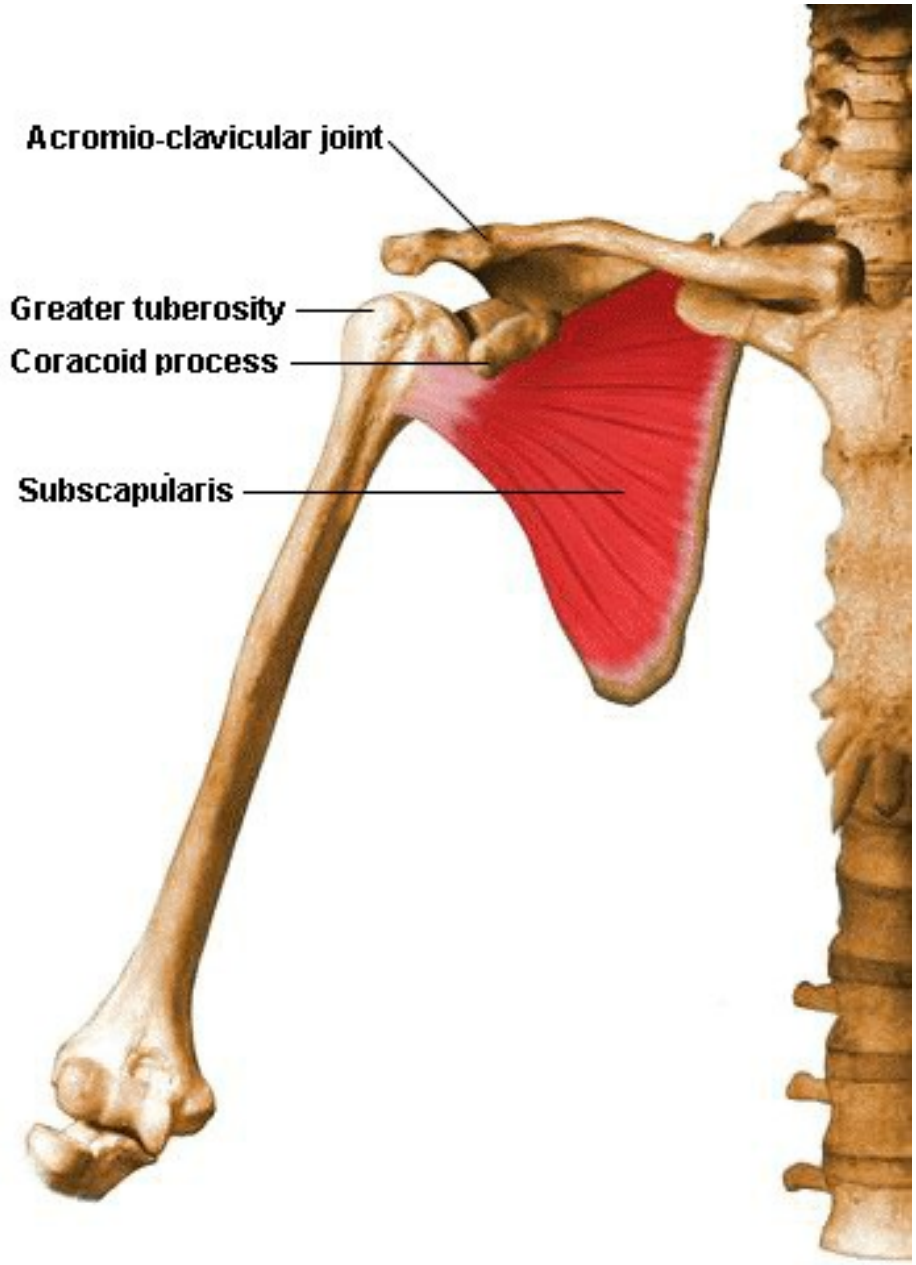
Rotator cuff muscles ("SITS")

- **Supraspinatus**
- **Infraspinatus**
- **Teres minor**
- **Subscapularis**

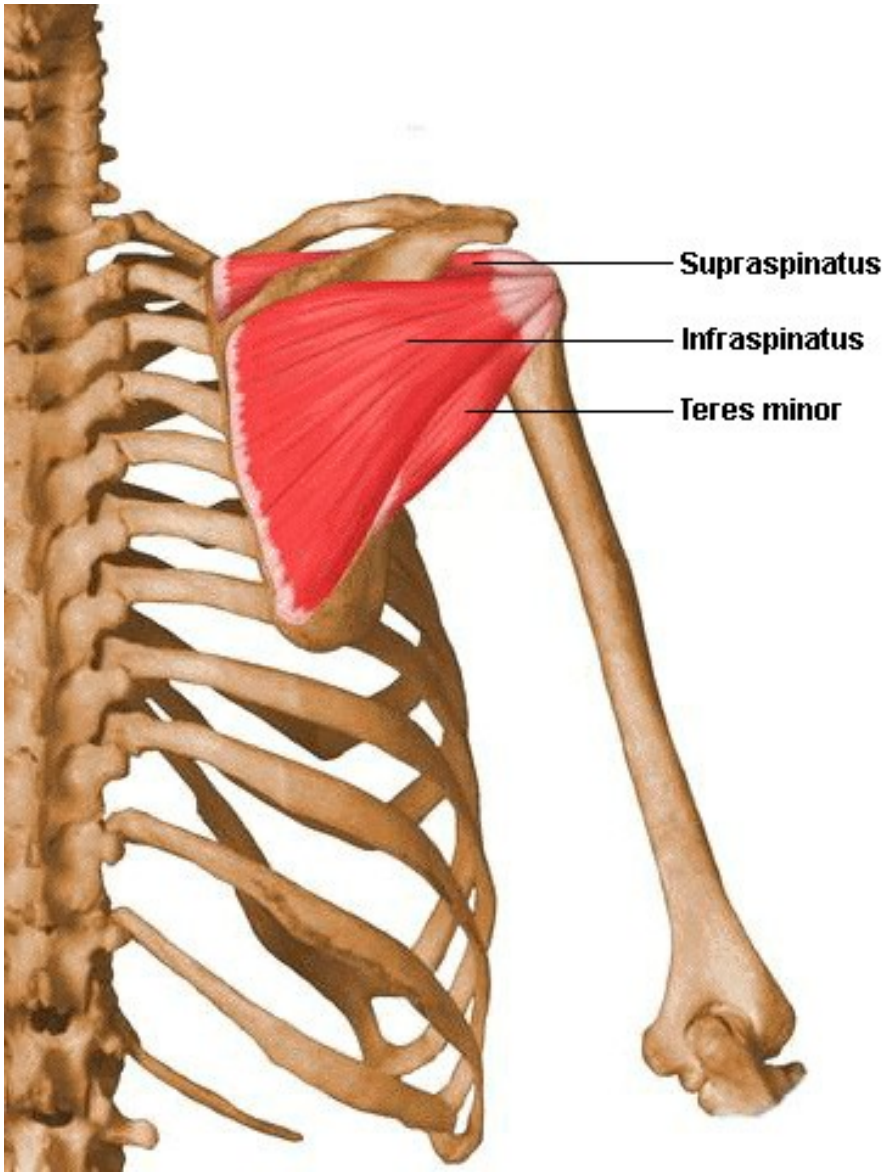
Movers and dynamic stabilizers



Rotato r Cuff

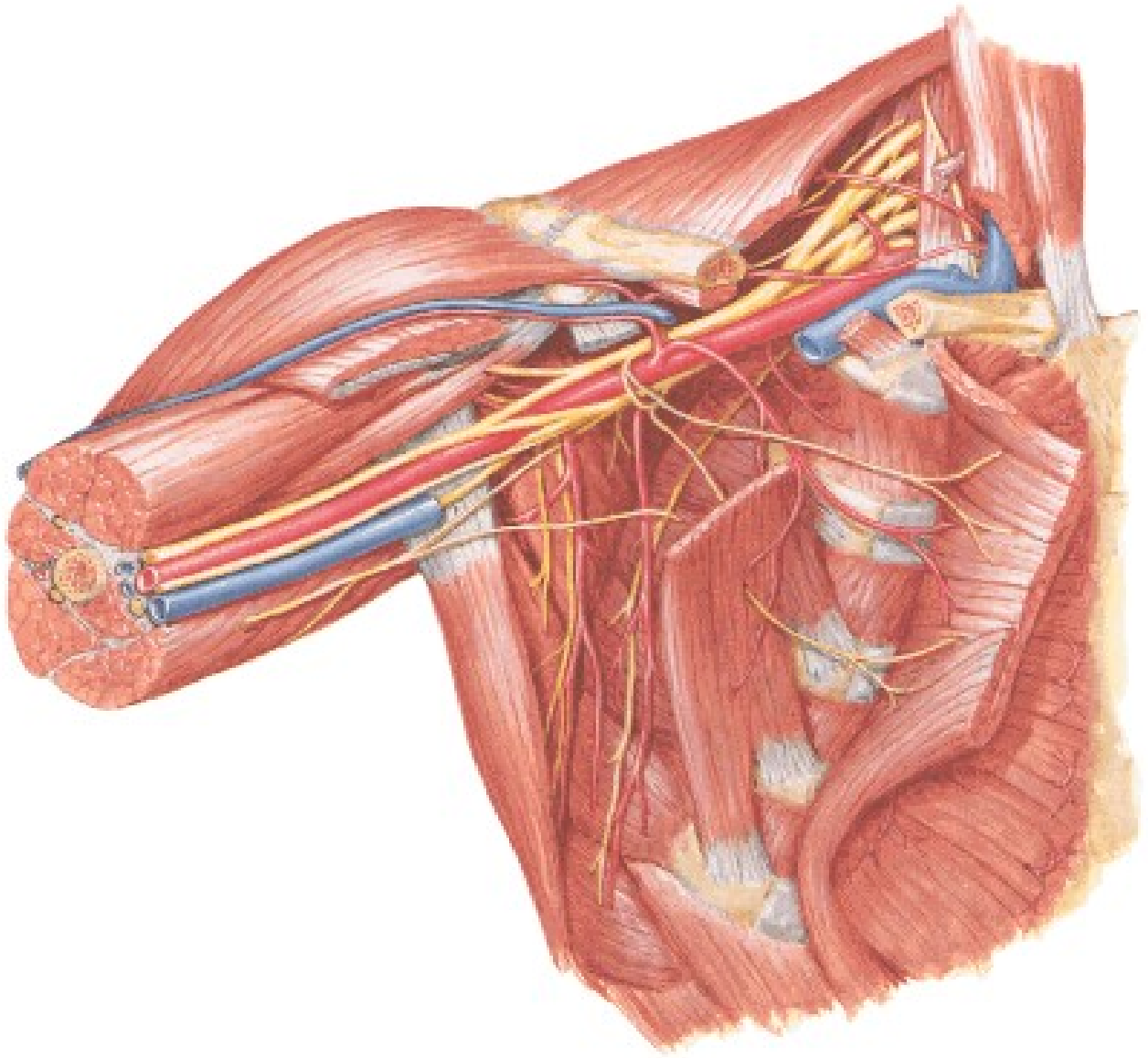


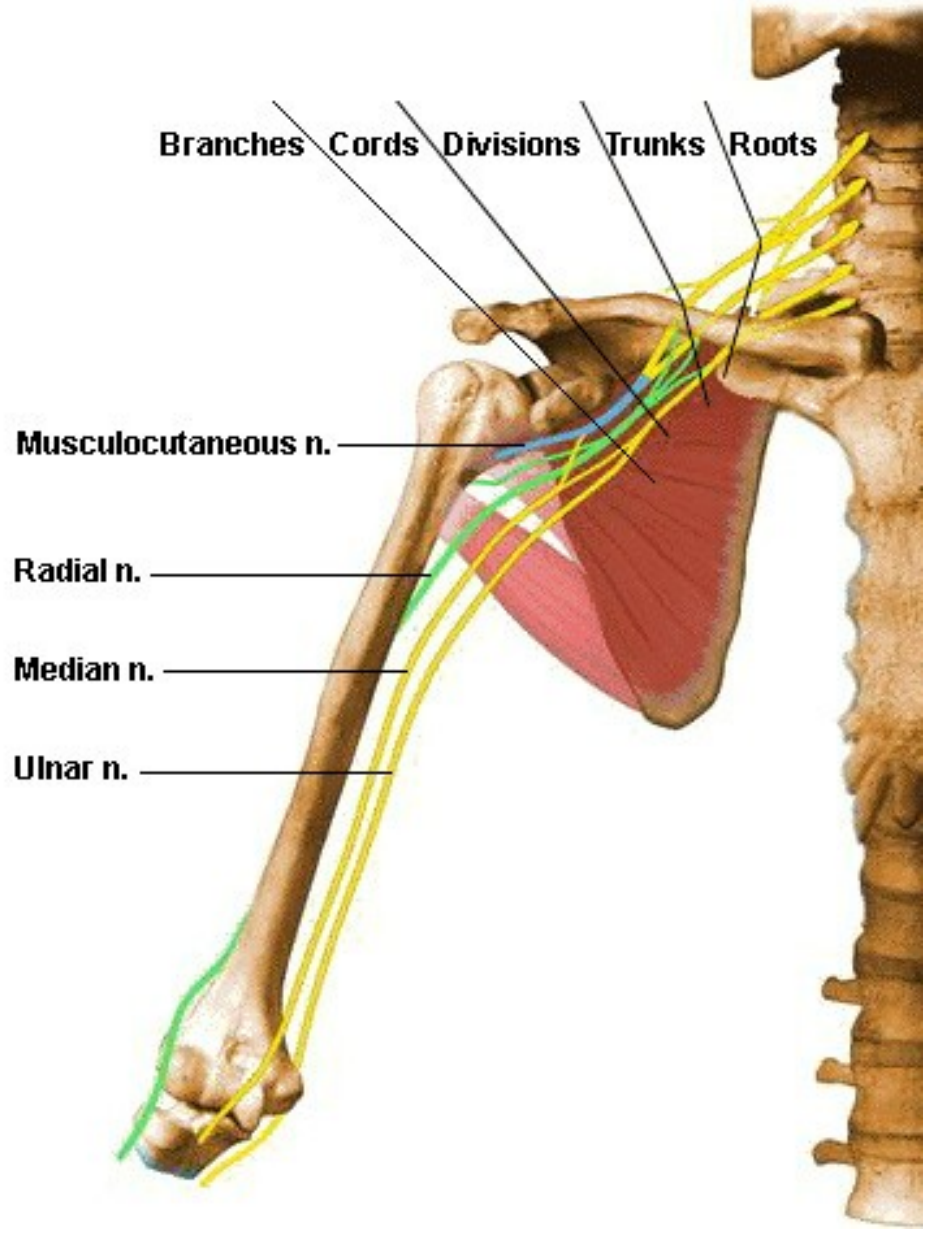
Rotator Cuff



Nerves

Brachial plexus





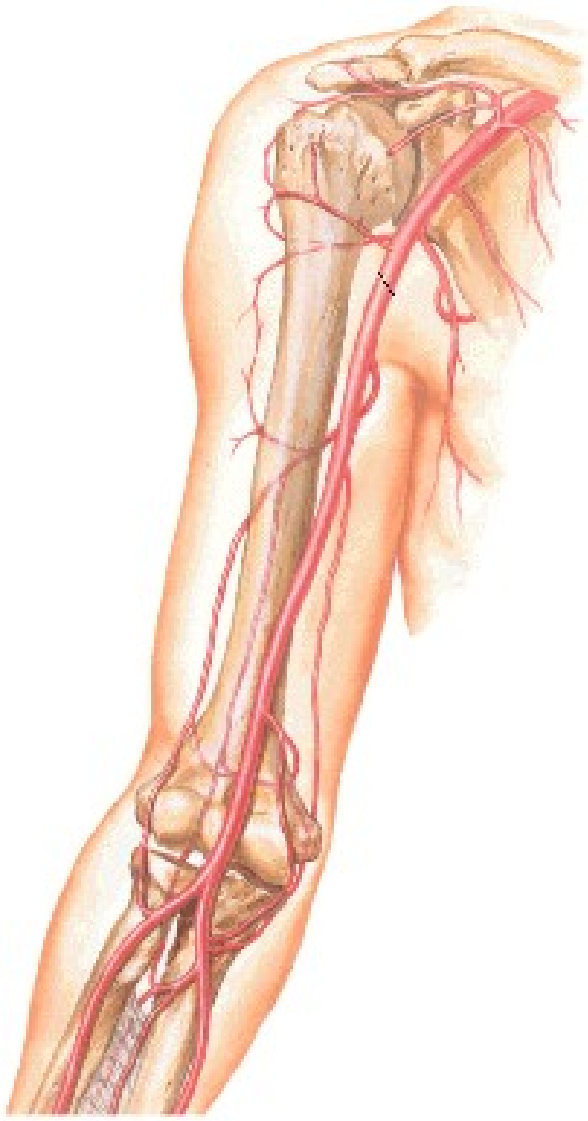
Brachial Plexus

Vessels

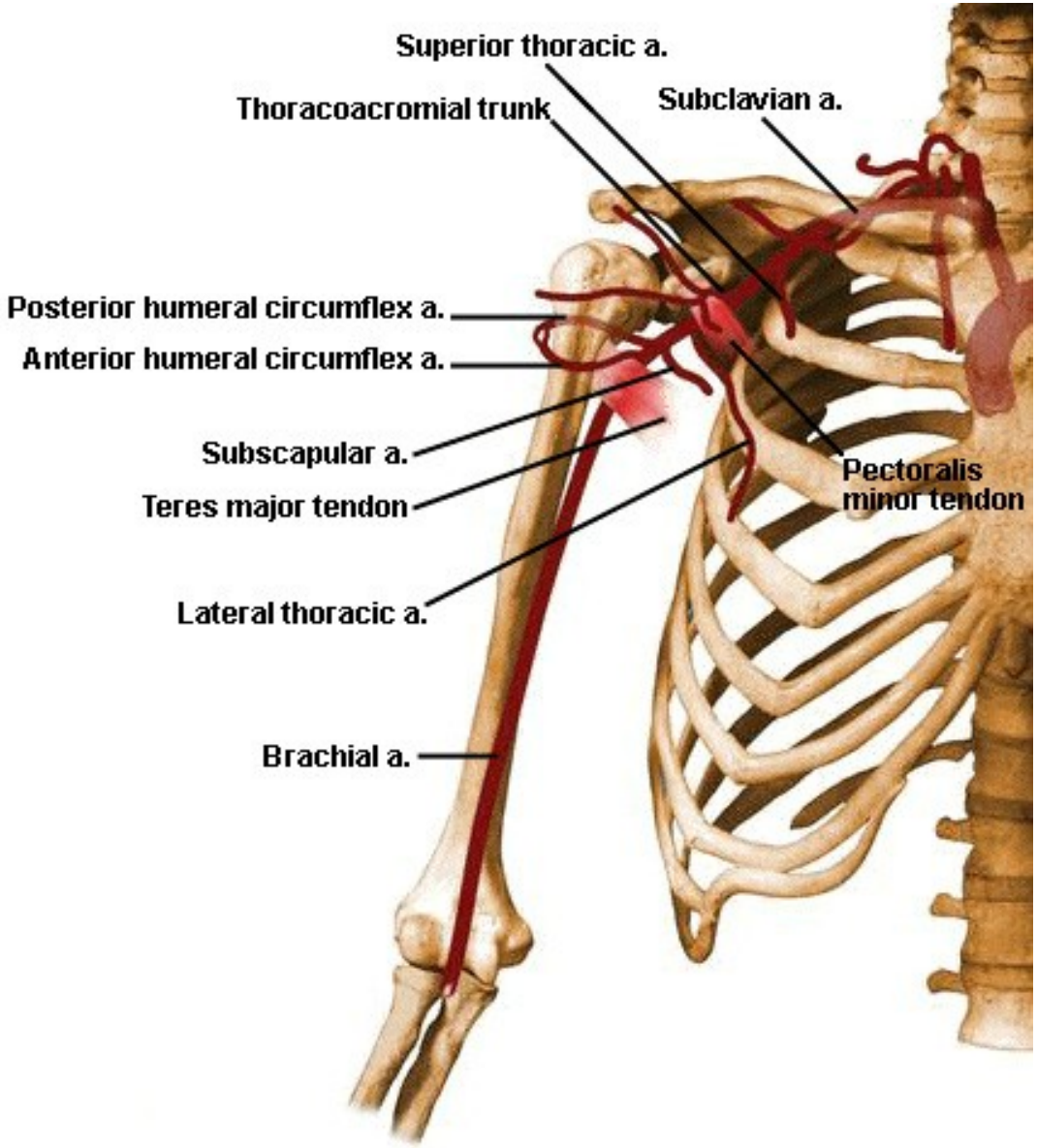
Subclavian artery

Axillary artery (divided ir thirds by tl pectoralis minor)

Anterior Humeral circumflex artery: primary blood supp to the humera head



Vessels


Superior thoracic a.
Thoracoacromial trunk
Subclavian a.
Posterior humeral circumflex a.
Anterior humeral circumflex a.
Subscapular a.
Teres major tendon
Pectoralis minor tendon
Lateral thoracic a.
Brachial a.

Range-of-motion

Abduction 170 to 180

Flexion and Elevation 160 to 180

Scapular Elevation 170 to 180

Lateral (External) Rotation 80 to 90

Medial (Internal) Rotation 60 to 100

Range-of-motion

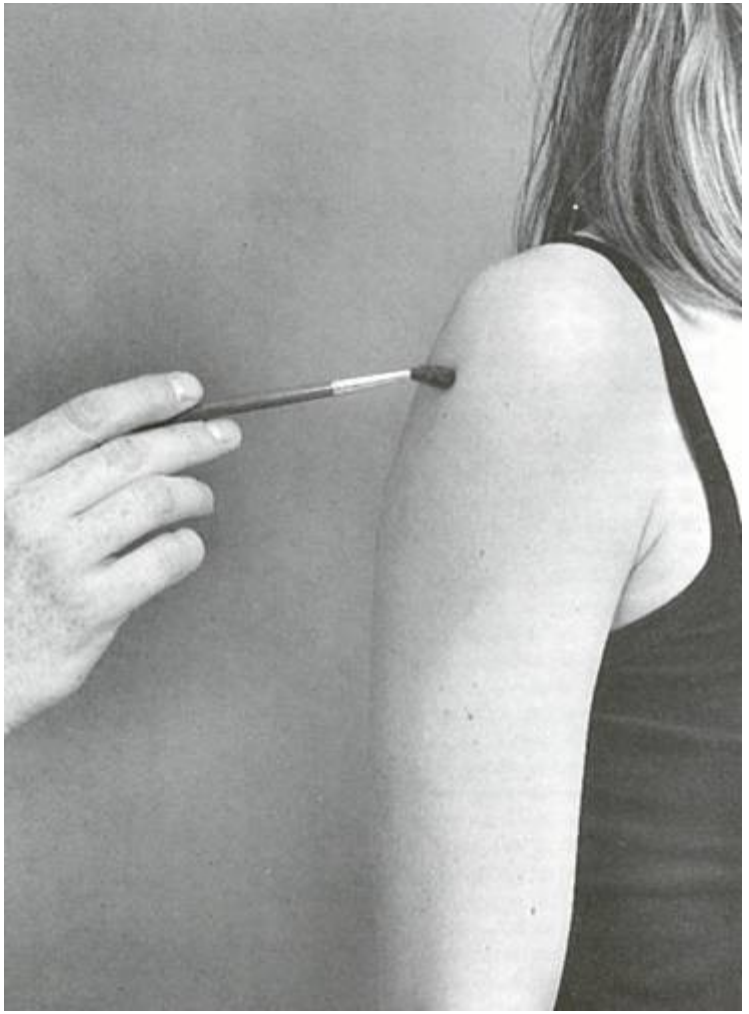
…Cont’

Extension	50 to 60
Adduction	50 to 75
Horizontal AB/ADduction	130
Circumduction	200

Neurovascular Examination

Sensation

Axillary nerve (C5) lateral arm

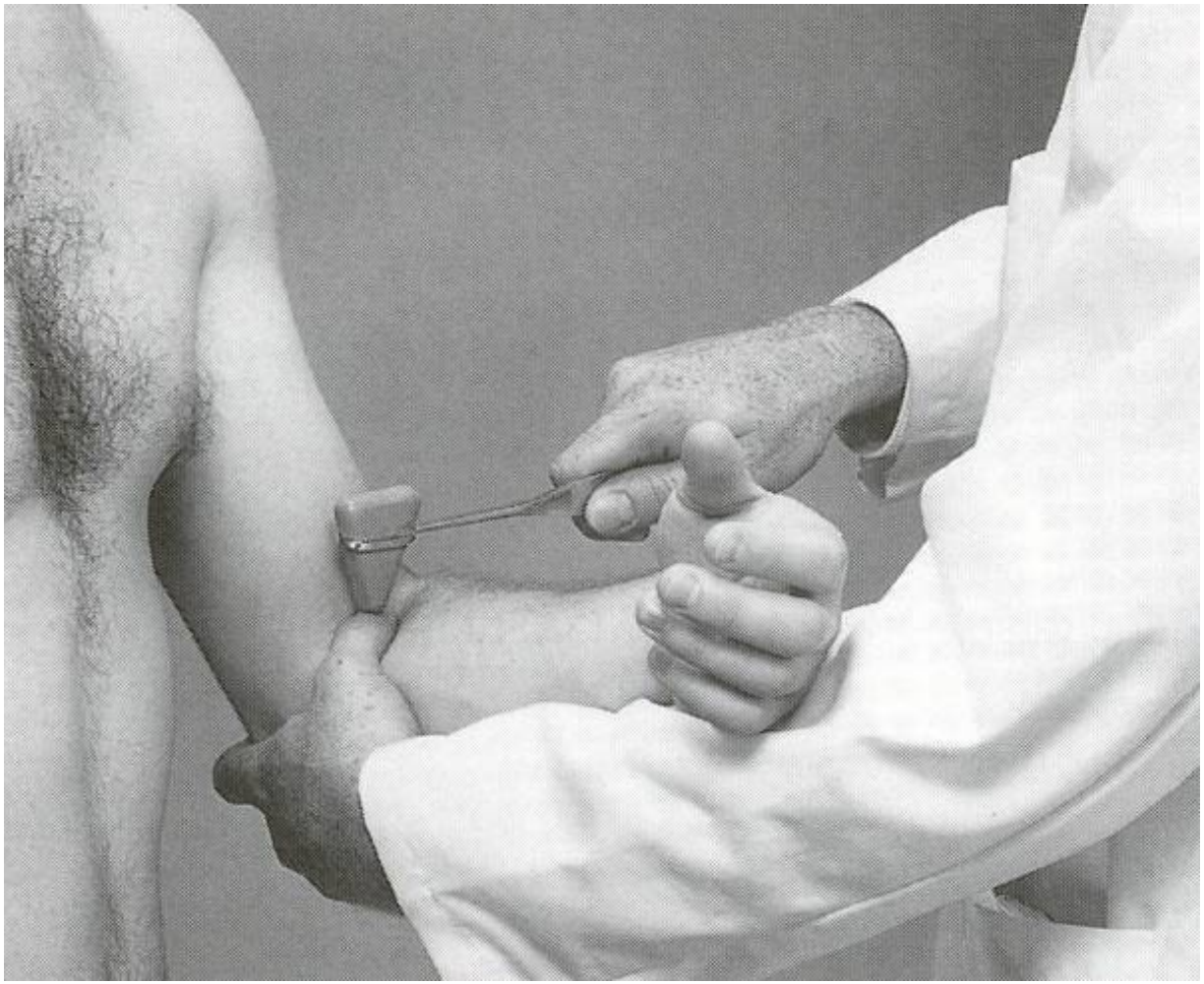


Reflexes

Reflexes

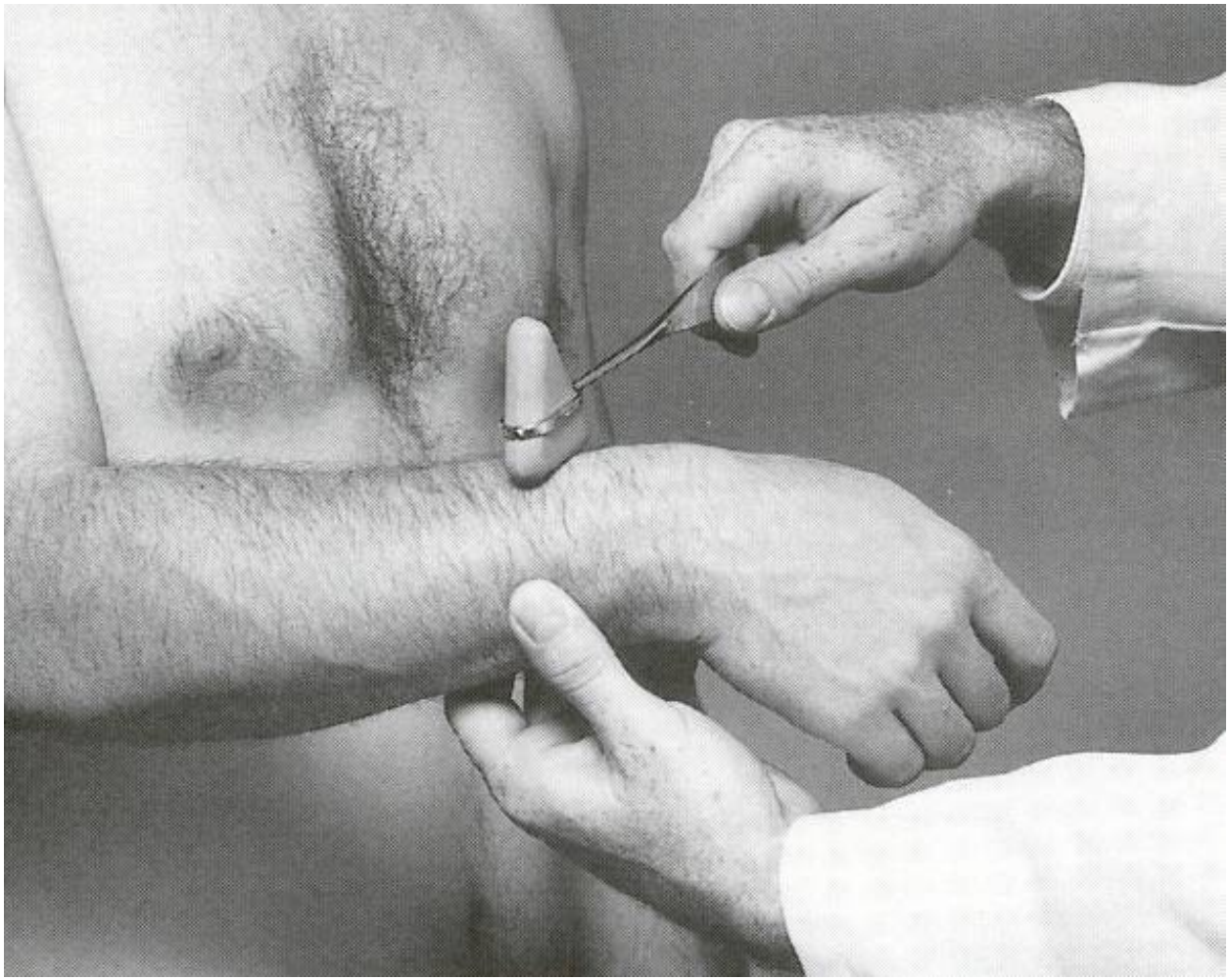
- Biceps (C5)
- Brachioradialis (C6)
- Triceps (C7)

Reflexes

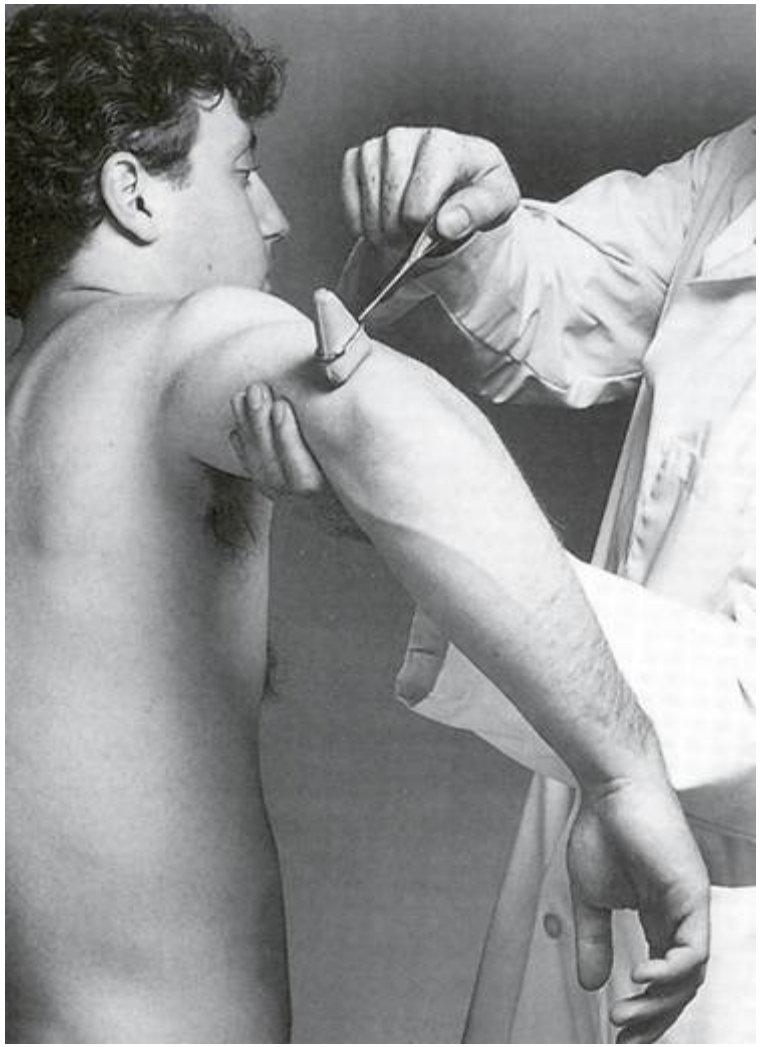


Biceps (C5)

Reflexes



Brachio-Radialis (C6)



Reflexes

Triceps (C7)

Dislocations/Separations

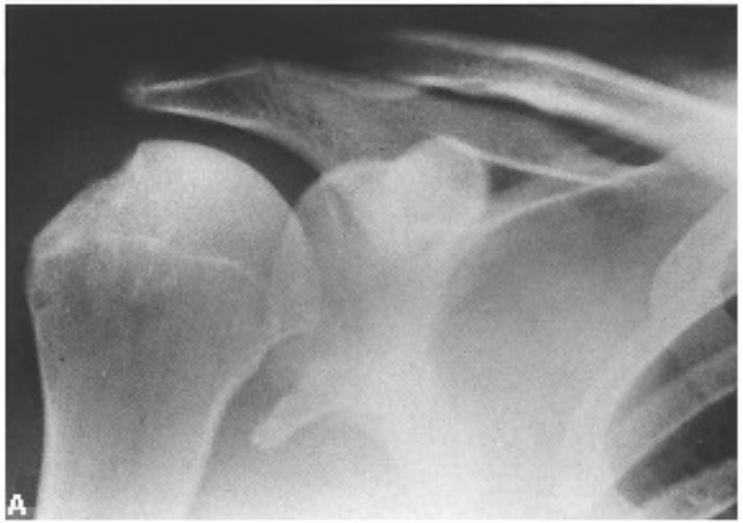
Definition: Complete or incomplete loss of congruity of a joint

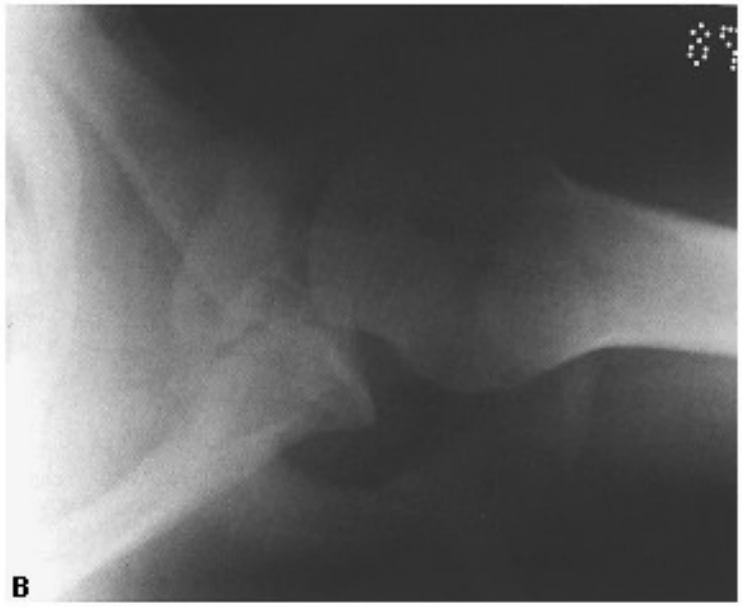
Synonyms

- **Subluxation**
- **Multi-directional Instability**

Discussion

- **Shoulder**





Dislocations/Separations

Classification

TUBS -- Traumatic, Unidirectional, Bankhart lesion, Surgery

Dislocations/Separations

Classification

AMBRI -- Atraumatic, Multi-directional, Bilateral, Rehabilitation, Inferior Capsular Shift

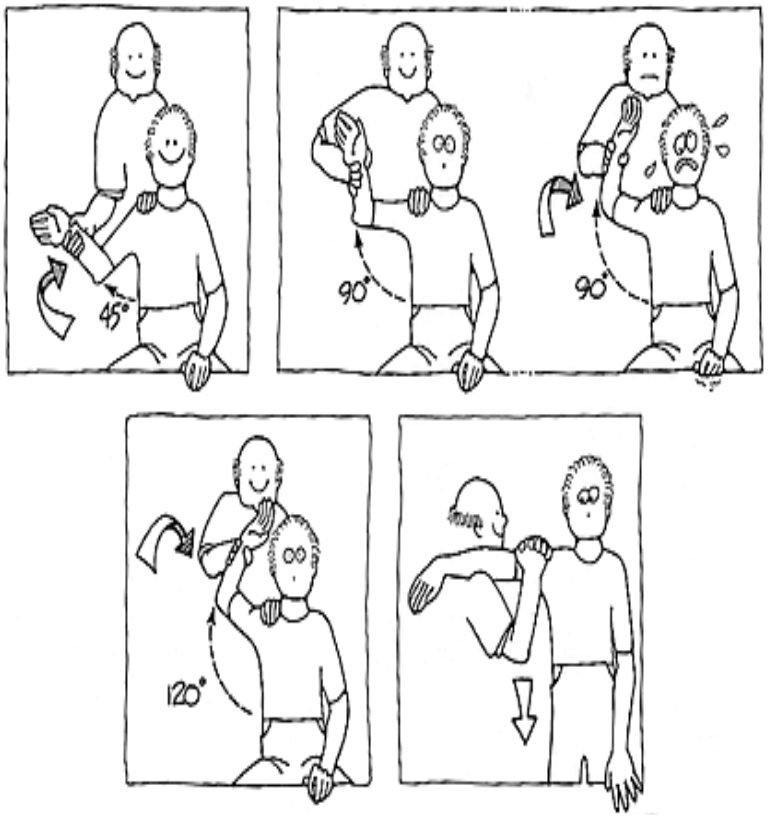
Dislocations/Separations

- Physical Exam
  - + Apprehension Test
  - + Reduction/Release Test
  - + Sulcus Sign
  - + Anterior/Posterior Translation/Drawer Test
  - + Jerk Test

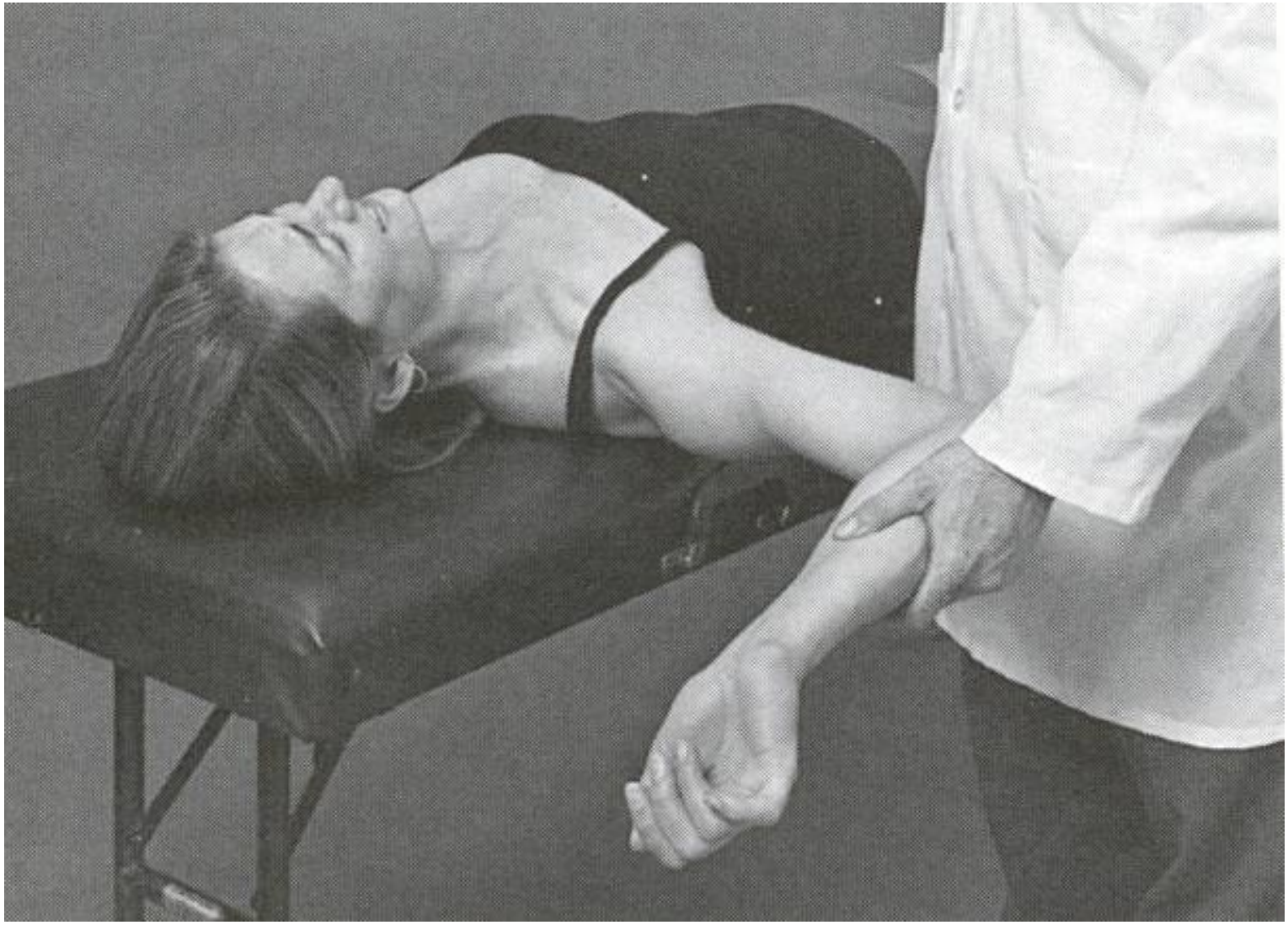
Dislocations/Separations

Physical Exam

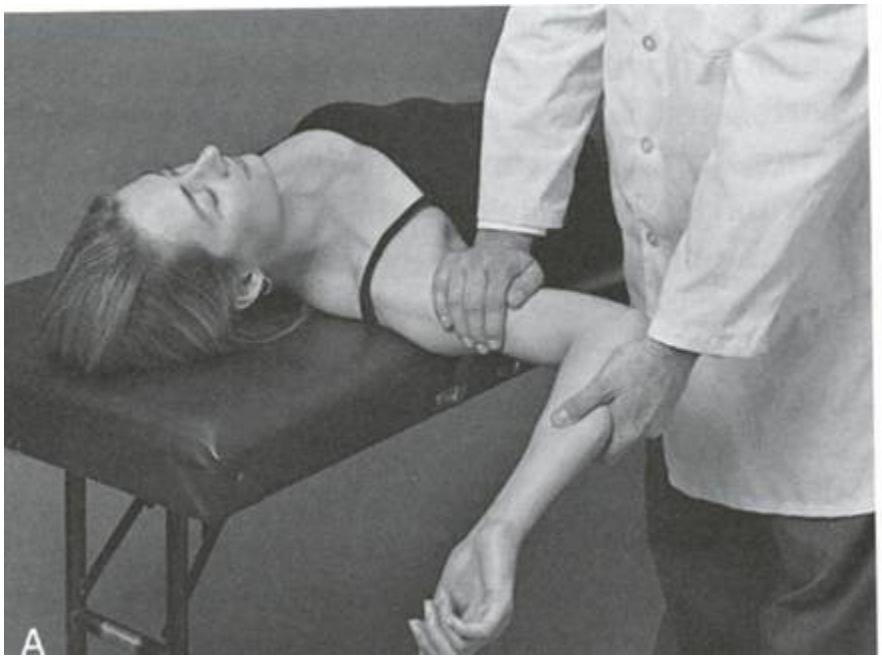
Apprehension Test

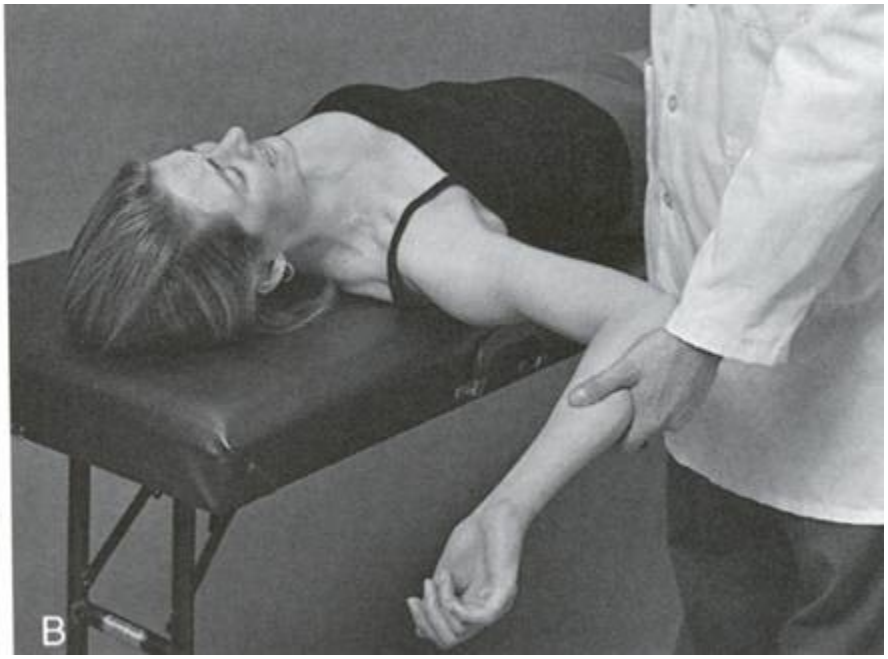


Apprehension Test



Relocation/Release

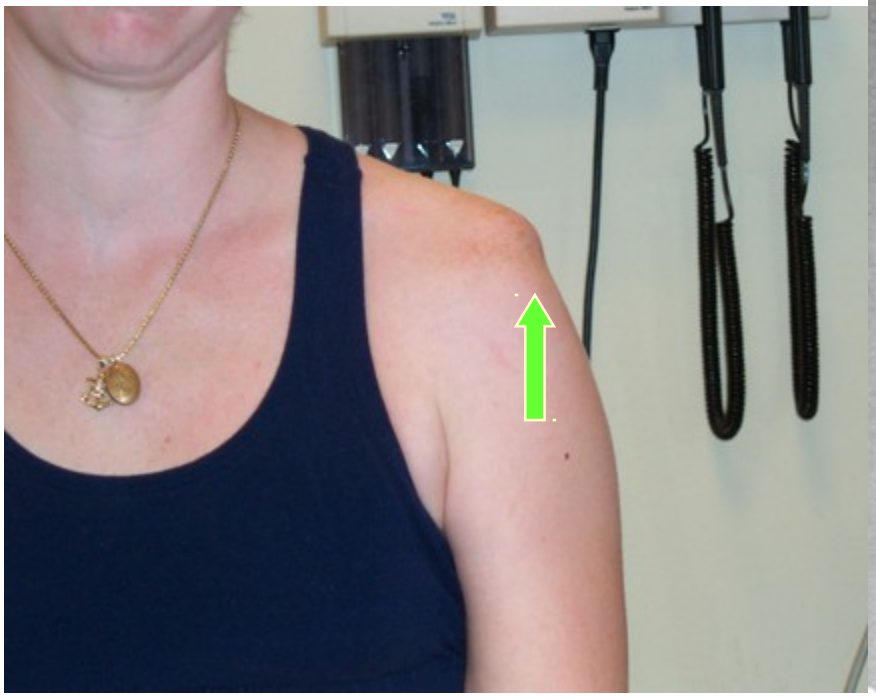


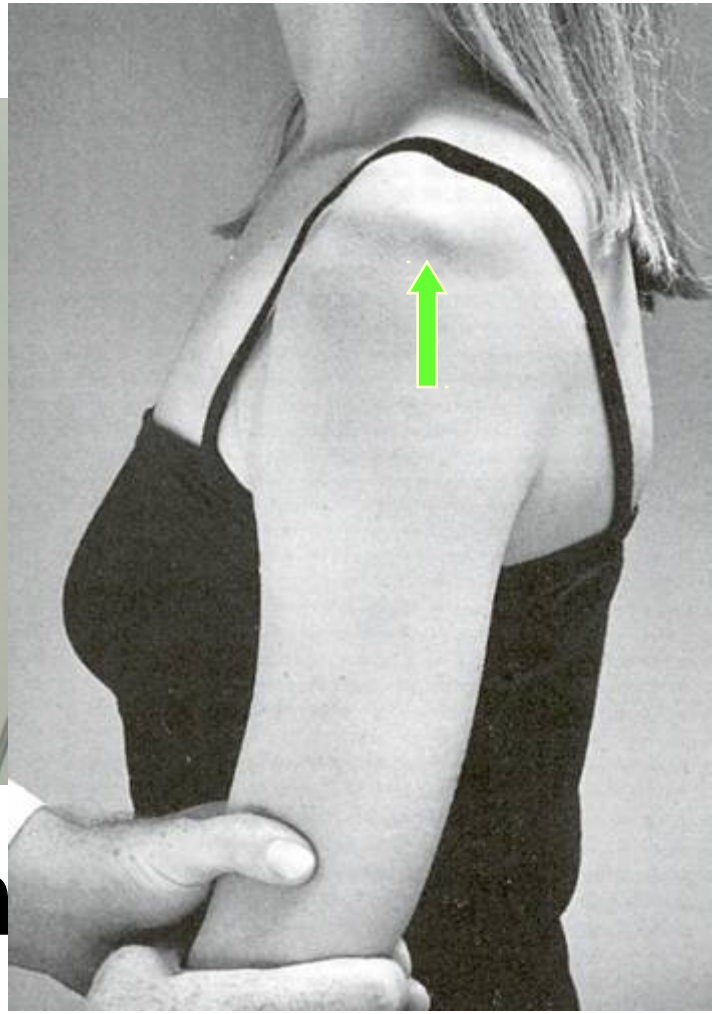


Relocation

Release (Apprehension Test)

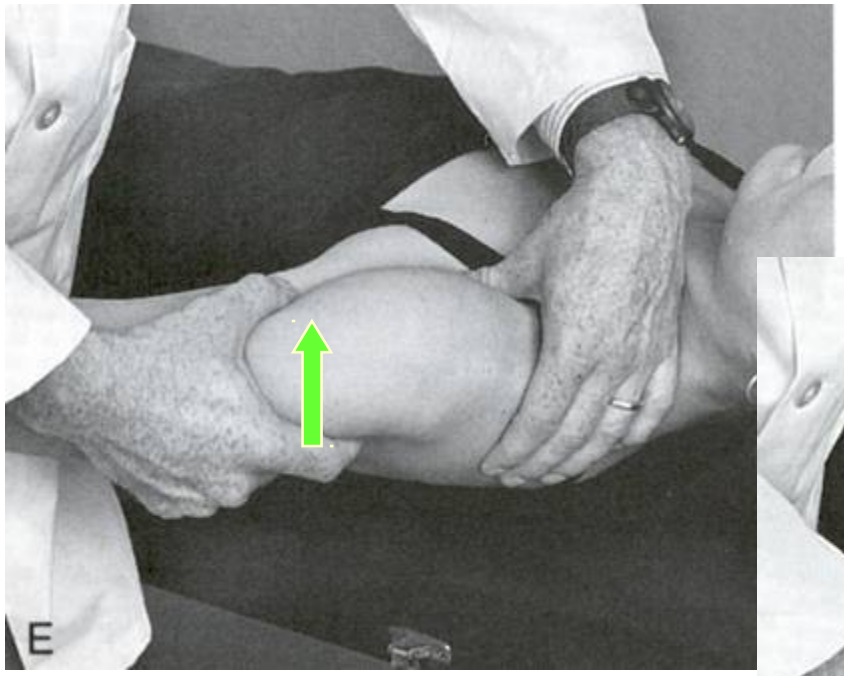
Dislocations/Separations





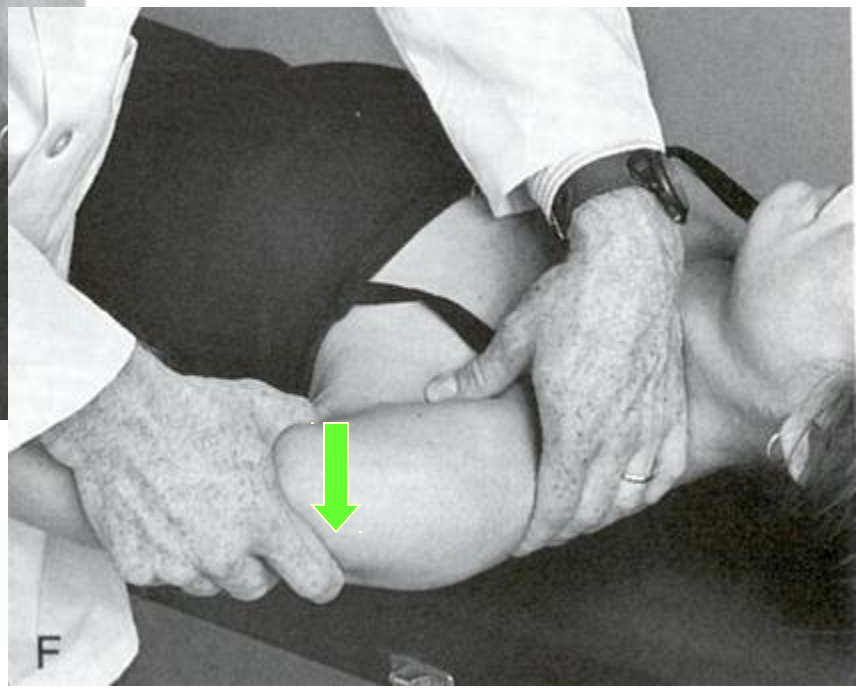
Sulcus Sign

Dislocations/Separations



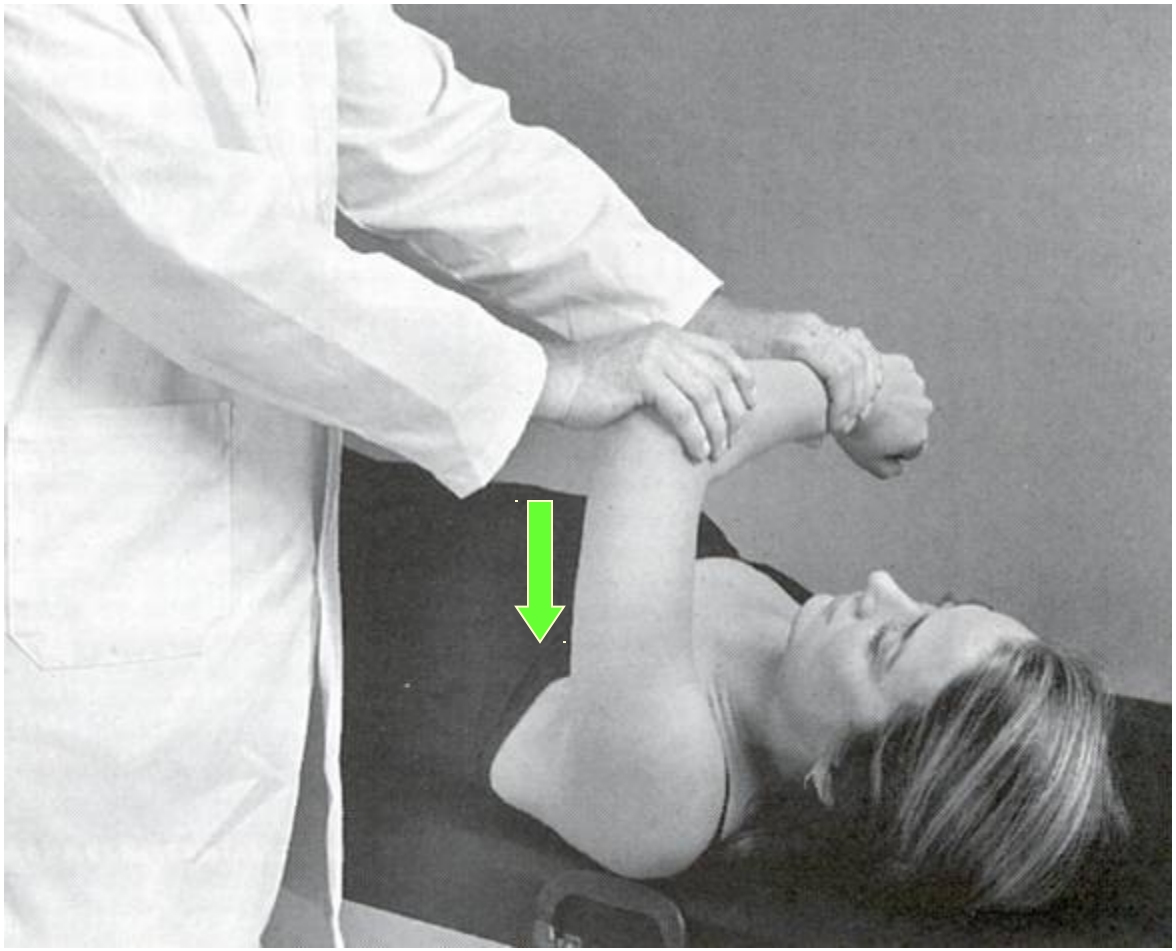
Anterior Translation

Posterior Translation



Dislocations/Separations

Jerk Test

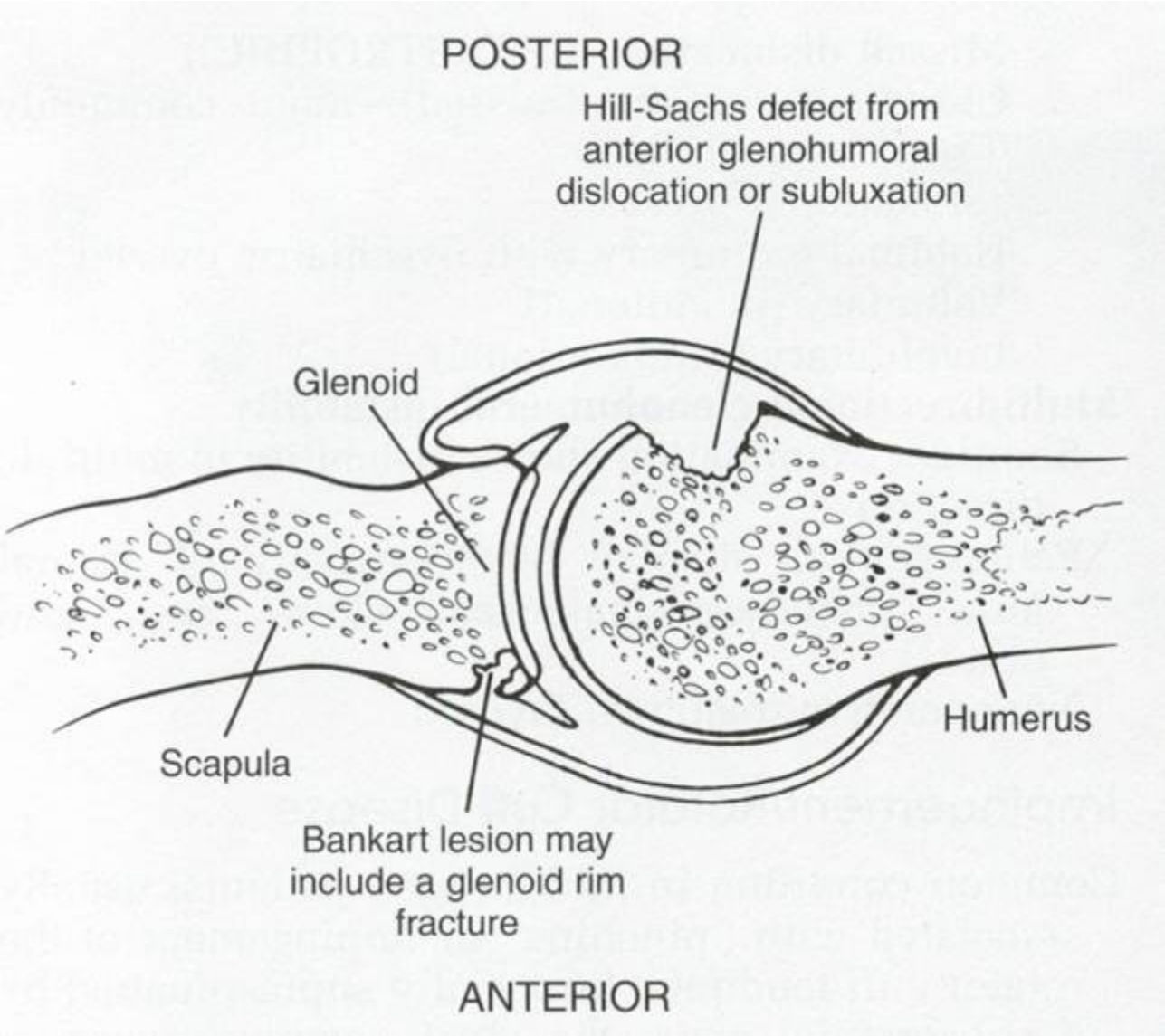


Associated Injuries

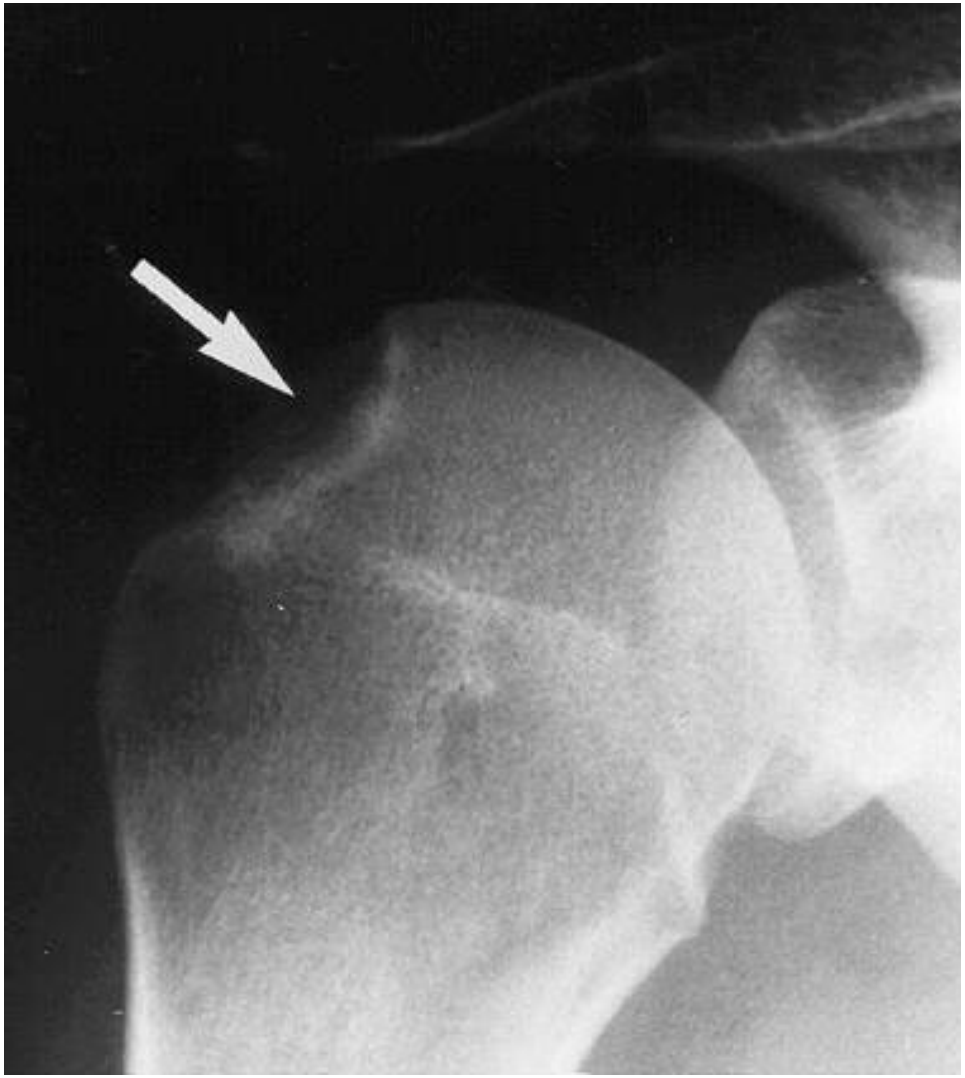
Hill- Sachs defect - impression fracture in the posterolateral humeral head

Bony Bankhart lesion - anterior inferior glenoid rim injury

Greater tuberosity fracture - especially in older patients


POSTERIOR
Hill-Sachs defect from anterior glenohumoral dislocation or subluxation
Glenoid
Humerus
Scapula
Bankart lesion may include a glenoid rim fracture
ANTERIOR

Hill – Sachs Lesion

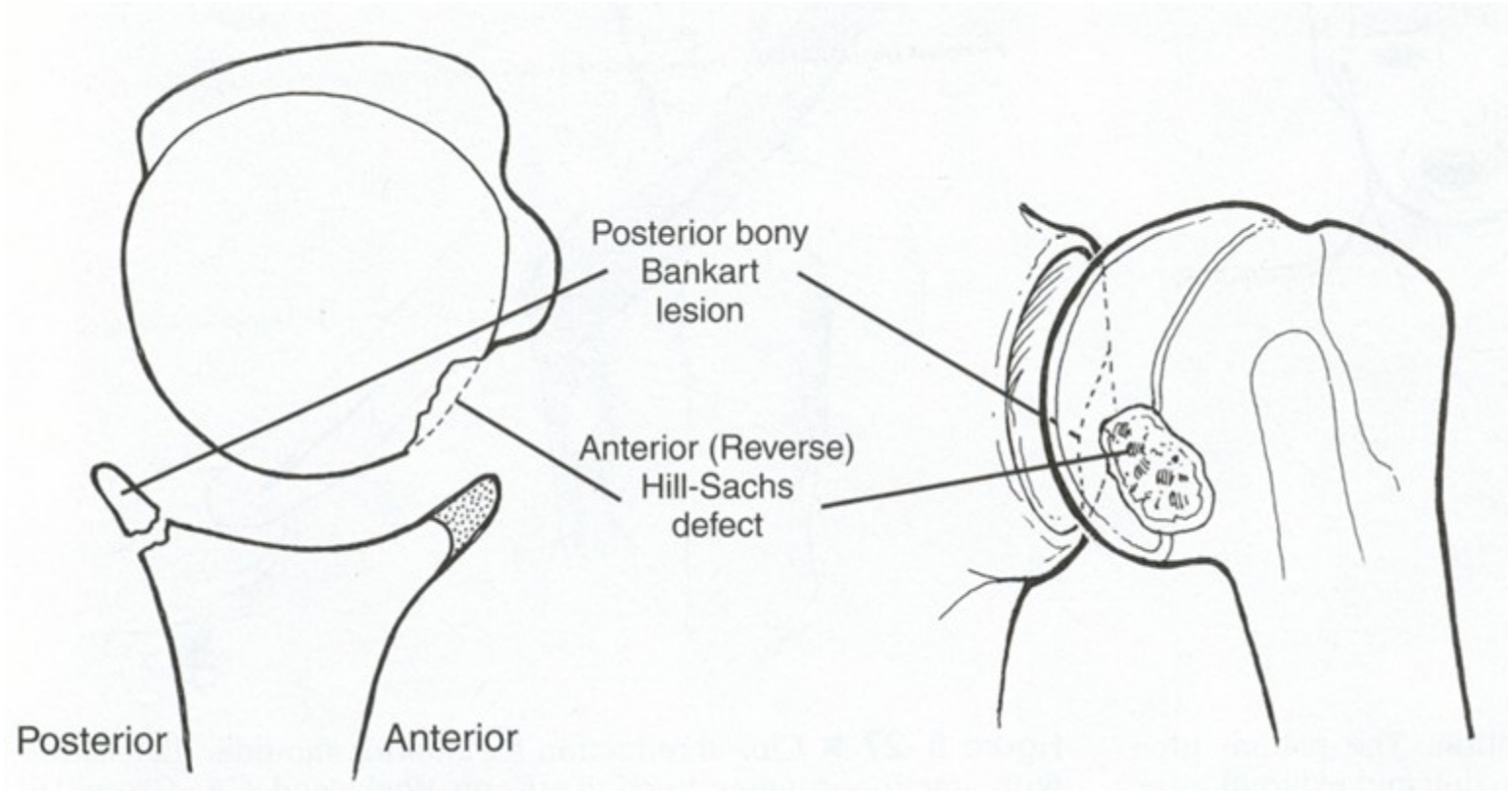


Bony Bankhart Lesion

Associated Injuries

Associated fractures:

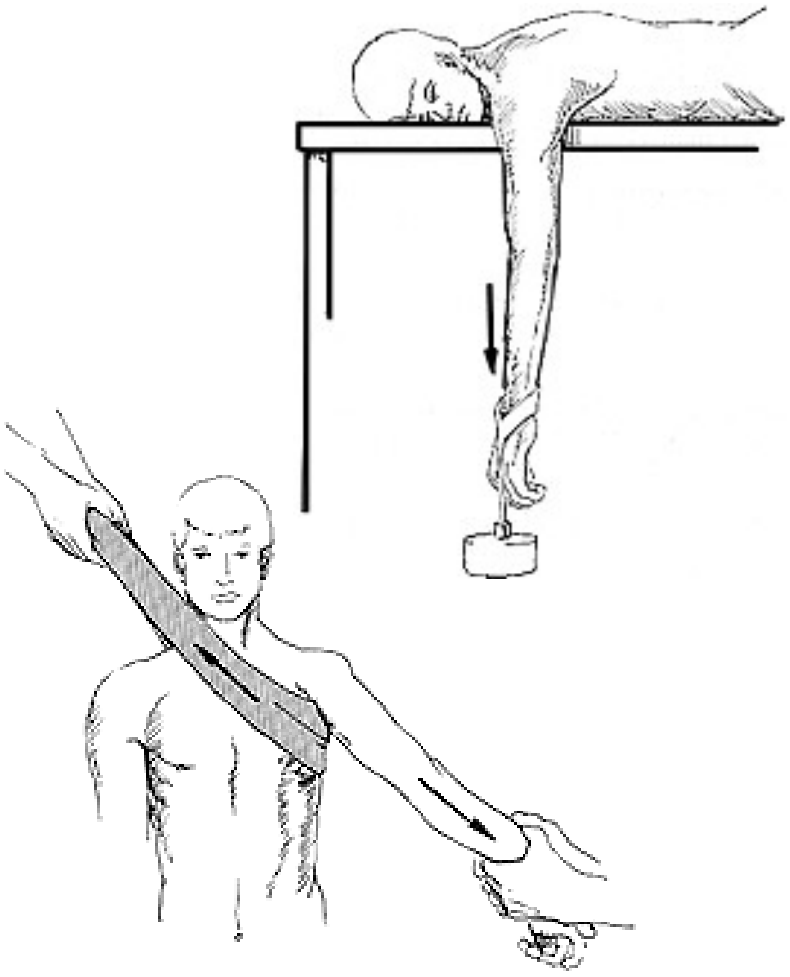
- **Reverse Hill - Sachs defect (hatchet - shaped anterior humeral head impression fracture)**
- **Reverse Bankart lesion (posterior glenoid rim)**
- **Lesser tuberosity fracture**


Posterior bony
Bankart
lesion
Anterior (Reverse)
Hill-Sachs
defect
Posterior
Anterior

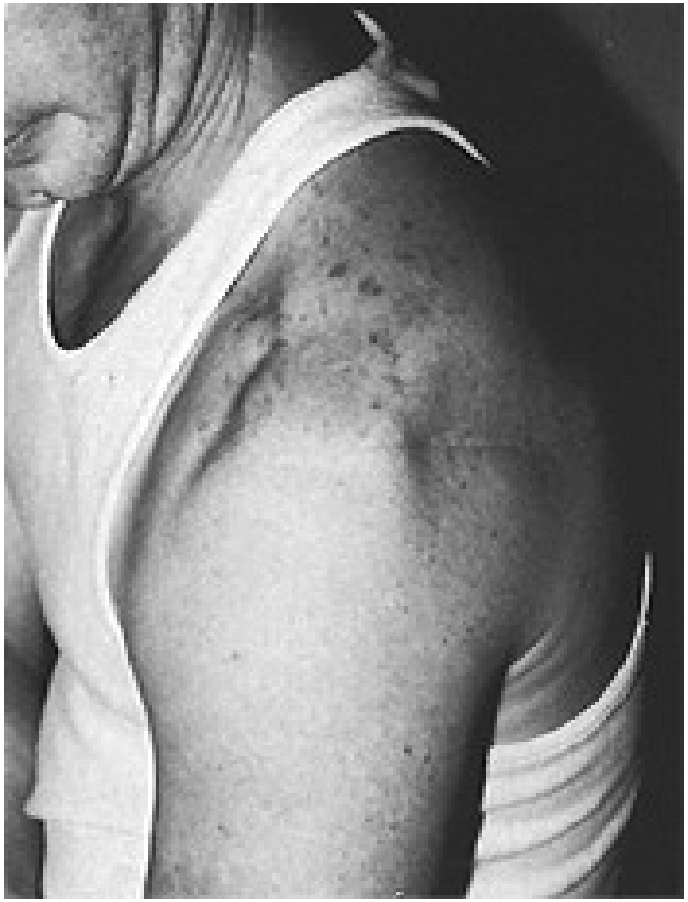
Dislocations/Separations

Treatment for Acutely

- **Reduction**
- **Sling/Immobilizer 4-6 wks**
- **Physical Therapy**

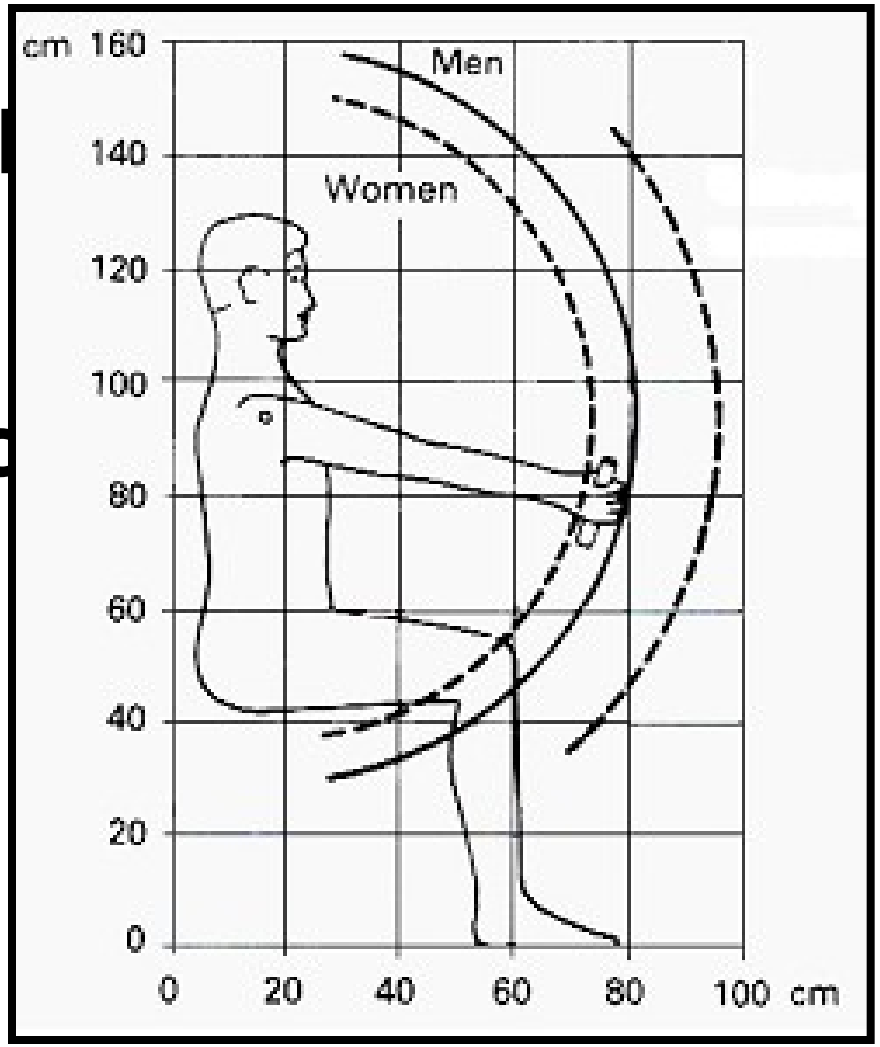


Dislocations/Separations



Dislocations/Separations

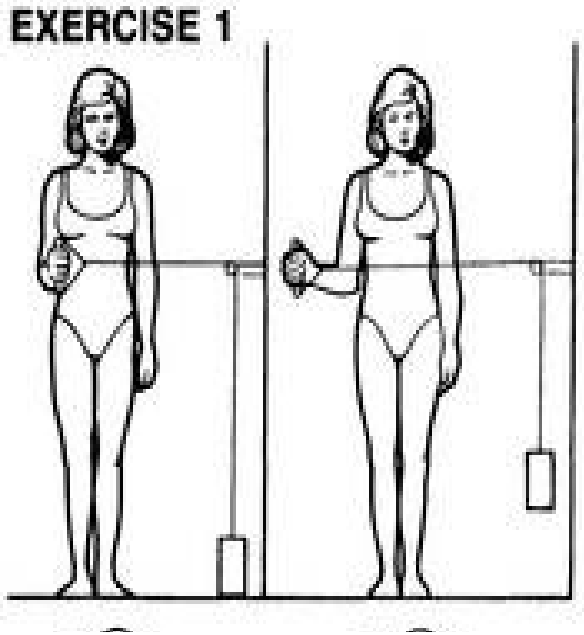
- Physical Therap
  - Acutely
    - Codman's Exerc
    - Wand Exercsies

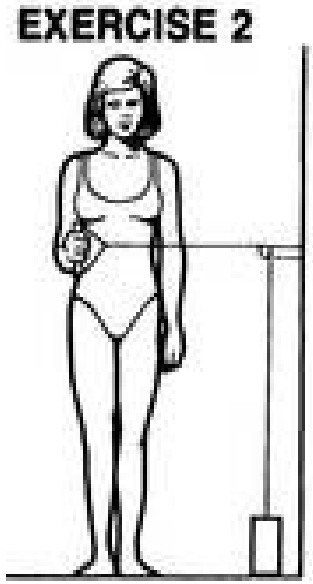


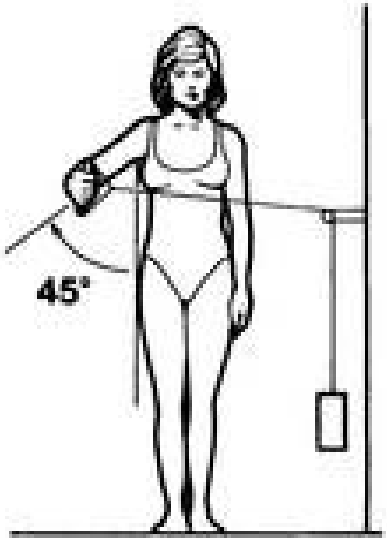
Dislocations/Separations

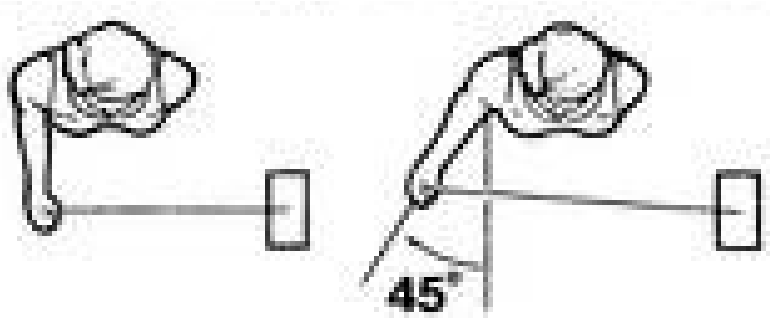
- Physical Therapy
  - Rotator Cuff Strengthening Exercises

Physical Therapy Exercises

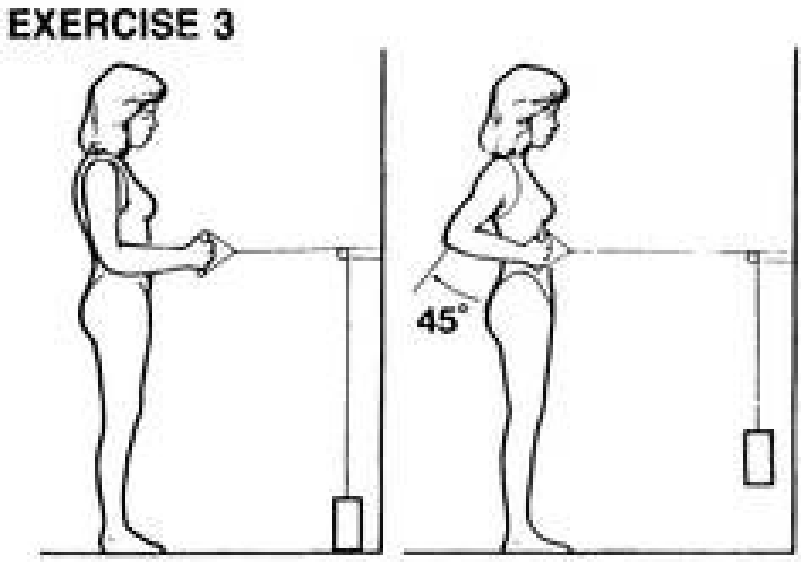


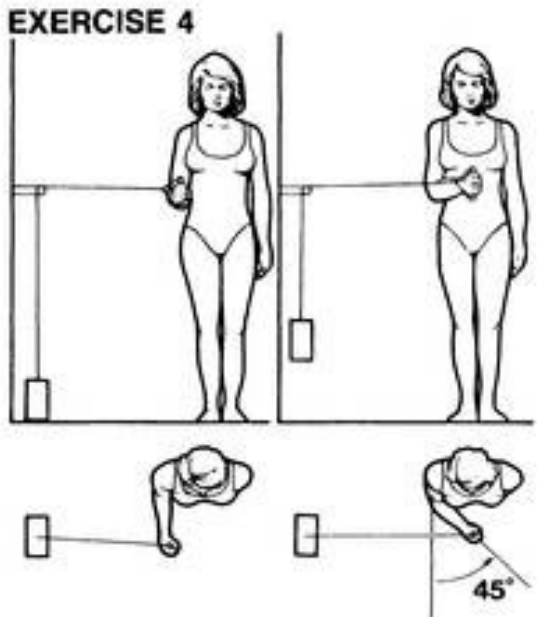


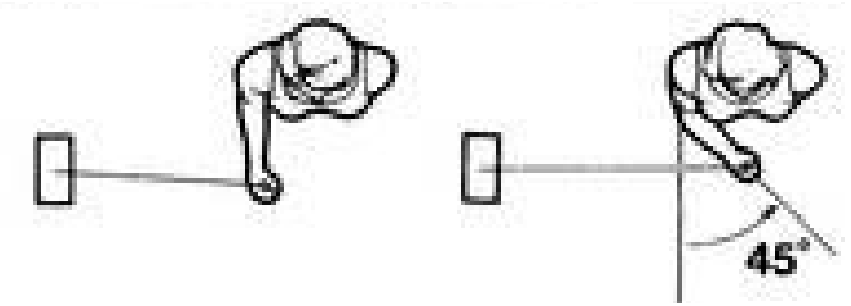




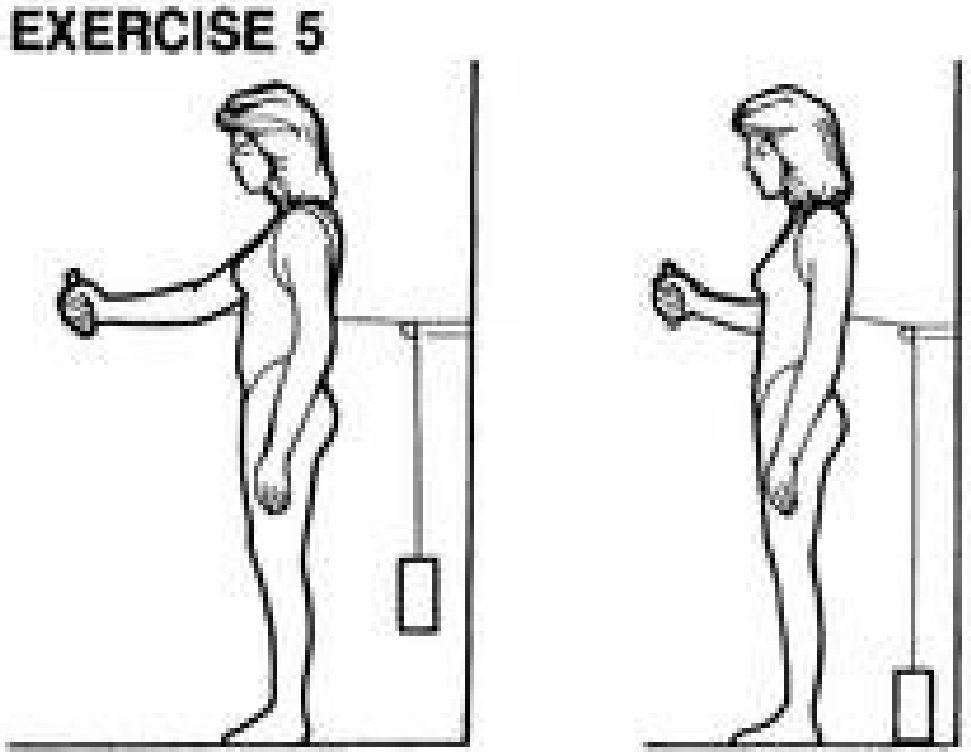
Physical Therapy Exercises







Physical Therapy Exercises



Dislocations/Separations

Prognosis

- **If pt's age is < 30, redislocation rate is higher…….Surgery**
- **If pt's age is > 30, redislocation rate is lower…..Rehabilitation**

Dislocations/Separations

Following acute injury -- Treatment based on many factors that relate

- **to surgery**
- **Atraumatic**
- **Age (>35, 1st time dislocator generally does well with strengthening exercises)**

Dislocations/Separations

Additional factors include:

- **Multidirectional vs Unidirectional**
- **Activity level**
- **Symptoms**

Dislocations/Separations

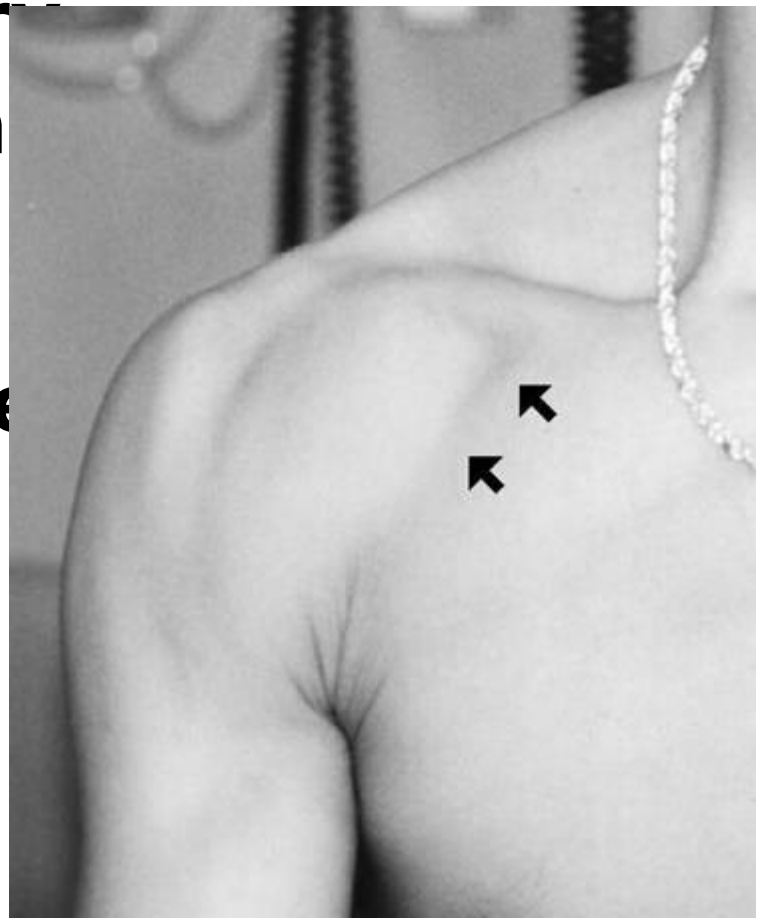
- TX -- Surgical
  - Arthroscopic
    - Bankhart repa
    - Capsular shift
  - Open
    - Bankhart repa
    - Capsular shift
    - Usually a combination

Anterior Dislocation

Mechanism of Injur

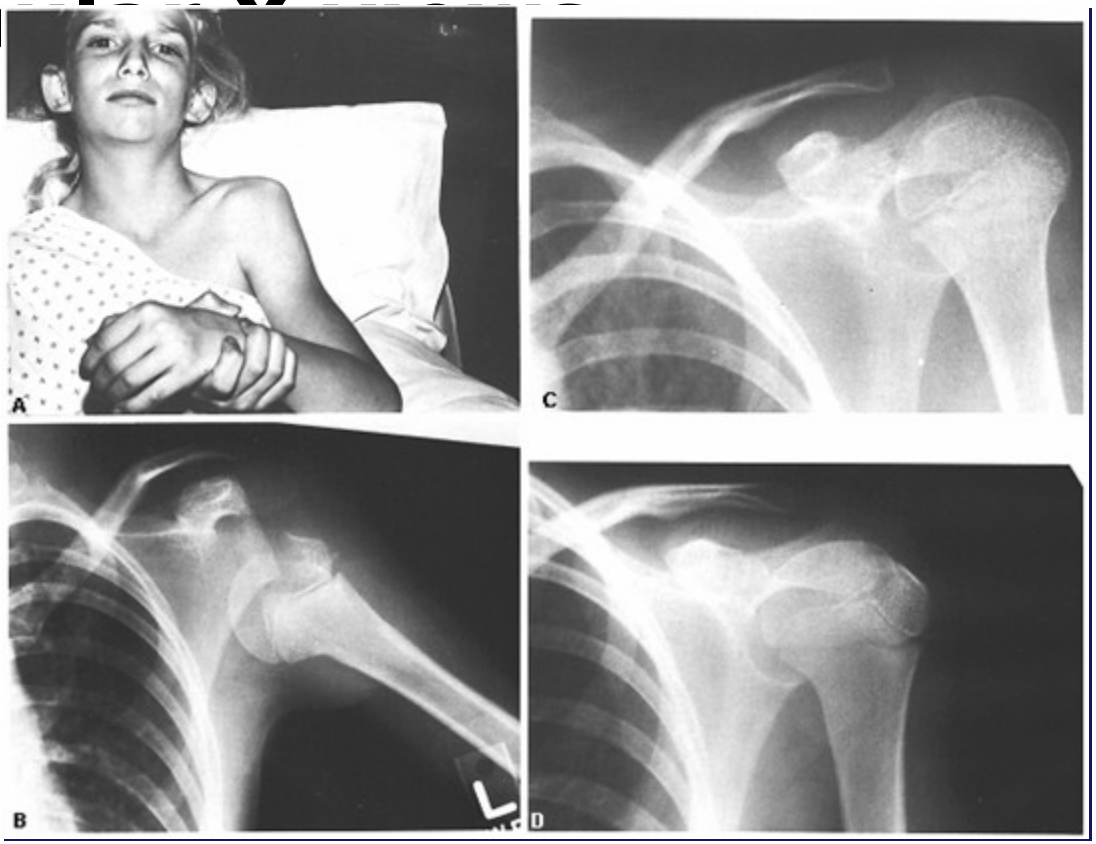
Forced abduction and rotation

Signs/Symptoms – Acute Pain, flatte Deltoid, anterior fullness, natural splinting, short squared shoulder



Anterior Dislocation

Radiology- True AP, Axillary lateral or West Point and Scap



Anterior Dislocation

Special tests

- **+ Anterior draw translation**
- **+ Apprehension test**
- **+ Reduction/ release test**

Anterior Dislocation

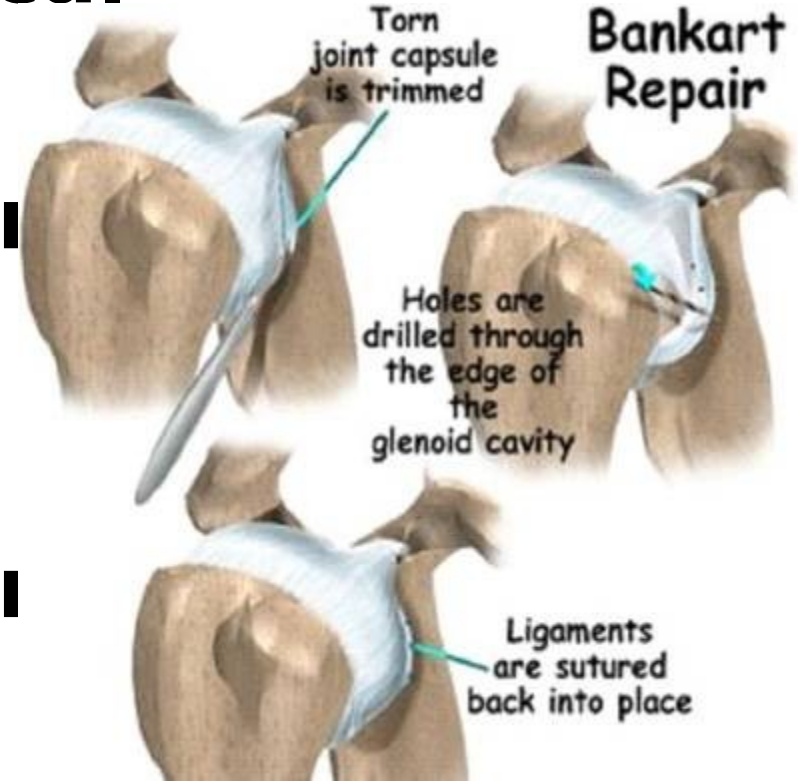
Treatment

- **Immediate reduction**
- **Ice, rest**
- **NSAIDs, ASA, Tylenol®**
- **Shoulder Immobilizer or Sling & Swathe**
- **PT - early gentle ROM**

Anterior Dislocation

Treatment -- Surgical

- Arthroscopic
  - Bankhart repair
  - Capsular shift
- Open
  - Bankhart repair
  - Capsular shift
  - Usually a combination

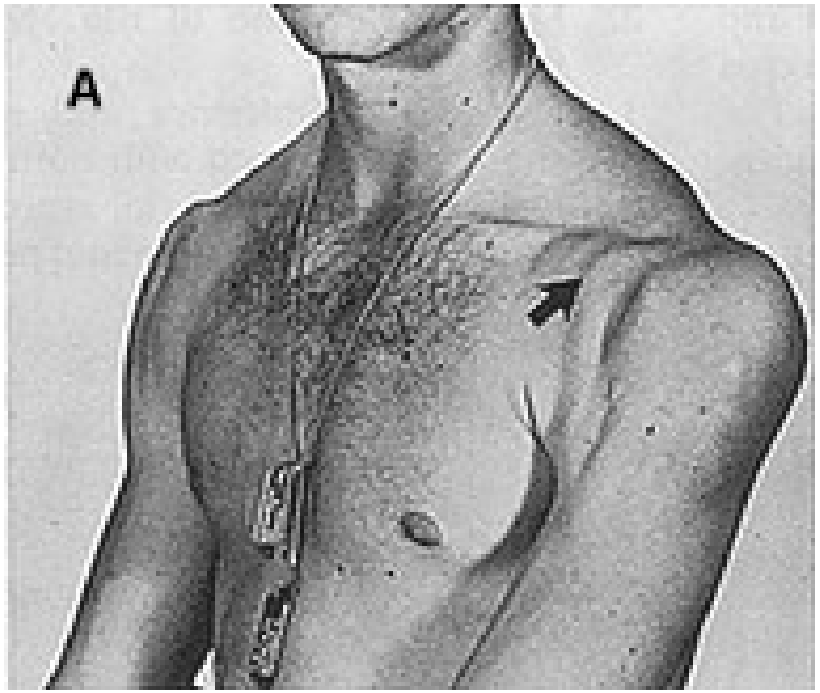

Torn joint capsule is trimmed
Bankart Repair
Holes are drilled through the edge of the glenoid cavity
Ligaments are sutured back into place

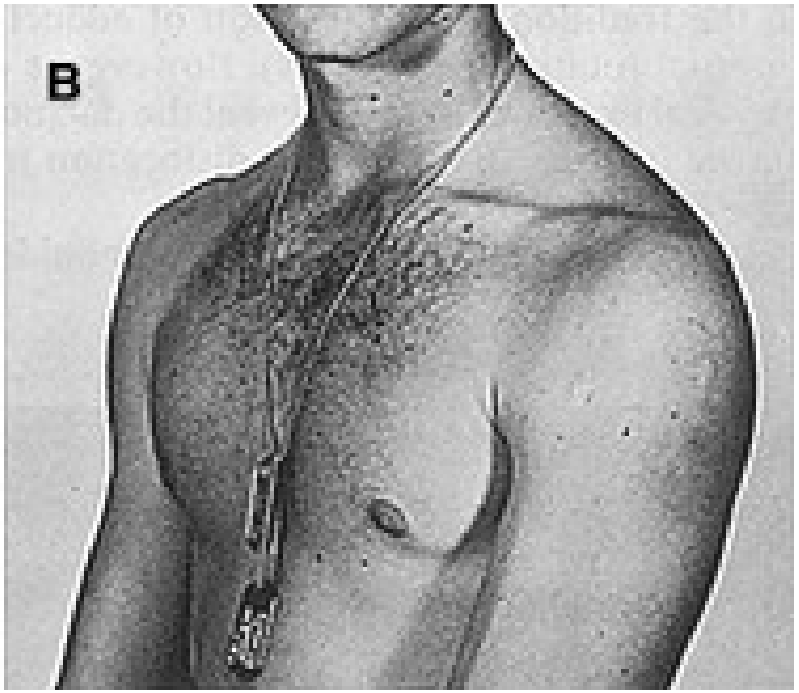
Posterior Dislocation

Mechanism of Injury - Fall on the adducted and internally rotated arm

Posterior Dislocation

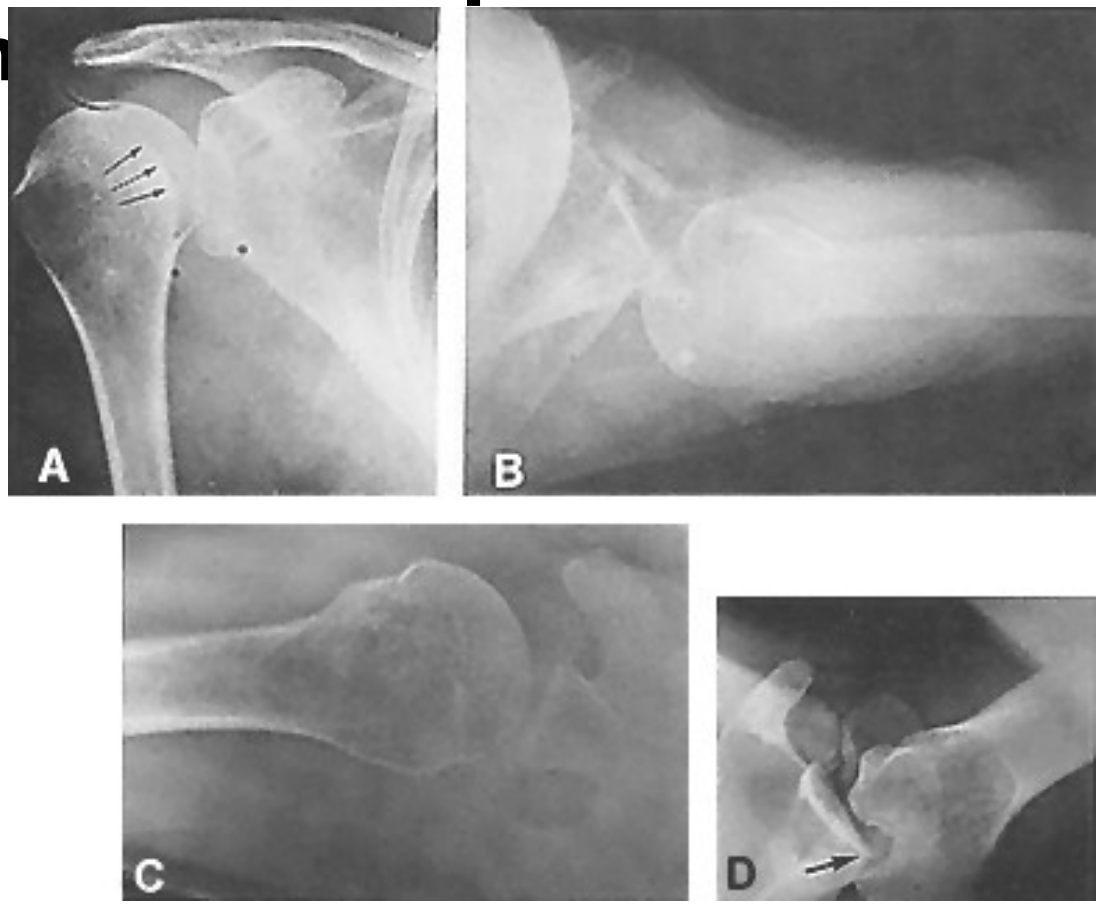
Signs/Symptoms - Severe Acute Pain, Prominent Coracoid Process, Arm will be adducted,





Posterior Dislocation

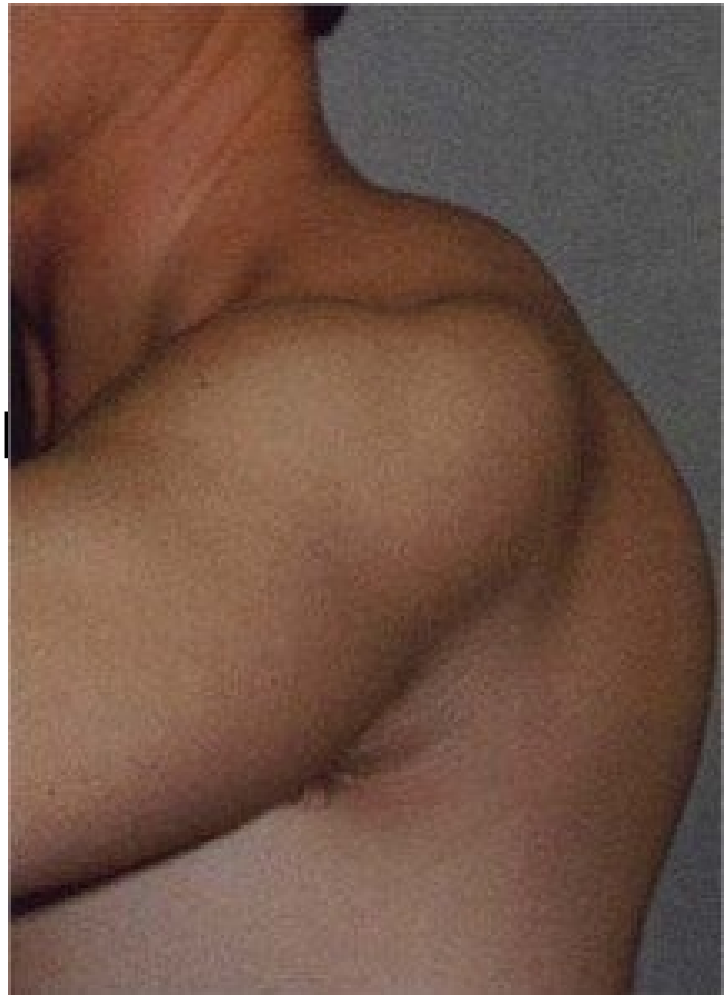
Radiology- Shoulder series will indicate head of humerus posterior to the labrum



Posterior Dislocation

Special tests

- **+ Jerk Test**
- **+ Reduction test**



Posterior Dislocation

Treatment

- **Immediate reduction**
- **Ice, rest**
- **NSAIDs, ASA, Tylenol®**
- **Shoulder Immobilizer or Sling & Swathe**
- **PT - early gentle ROM**

Posterior Dislocation

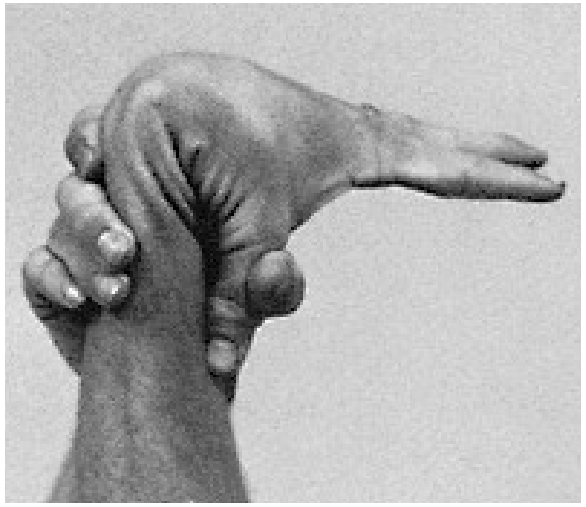
Treatment – Surgical

- Arthroscopic
  - Reverse Bankhart repair
  - Capsular shift
- Open
  - Reverse Bankhart repair
  - Capsular shift
  - Usually a combination

Inferior & Multidirectional Dislocation

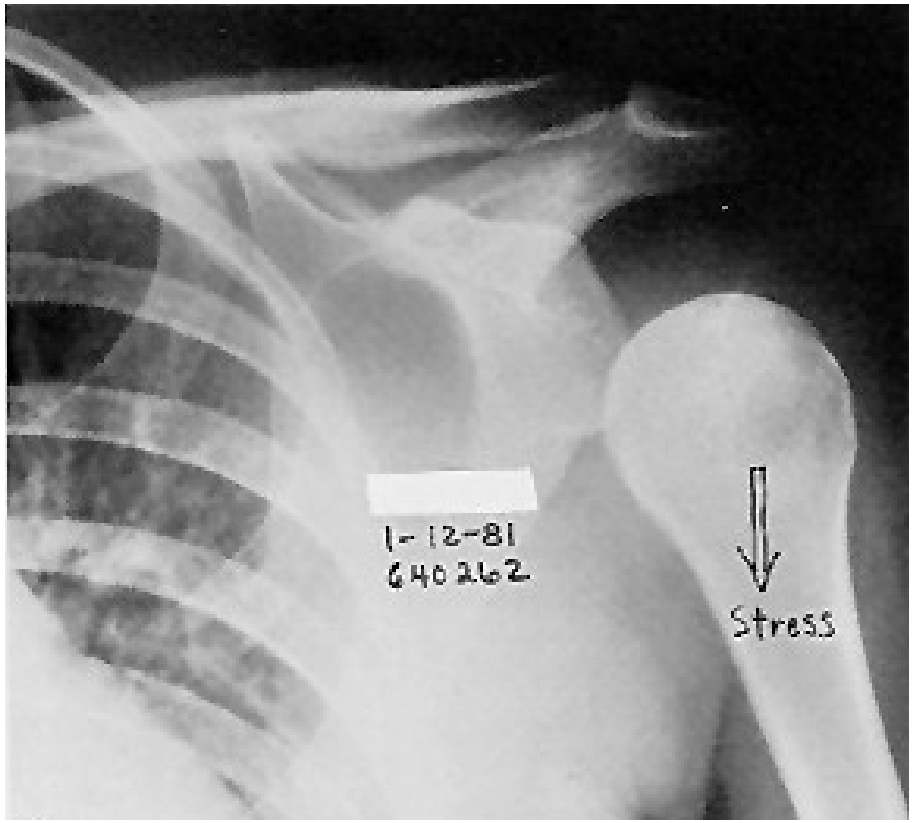
- **Shoulder examination shows instability in multiple directions**
- **Patients often display hyperelasticity (MP joints, elbow, shoulder, etc.)**

Inferior & Multidirectional Dislocation



Inferior & Multidirectional Dislocation

Inferior & Multidirectional Dislocation

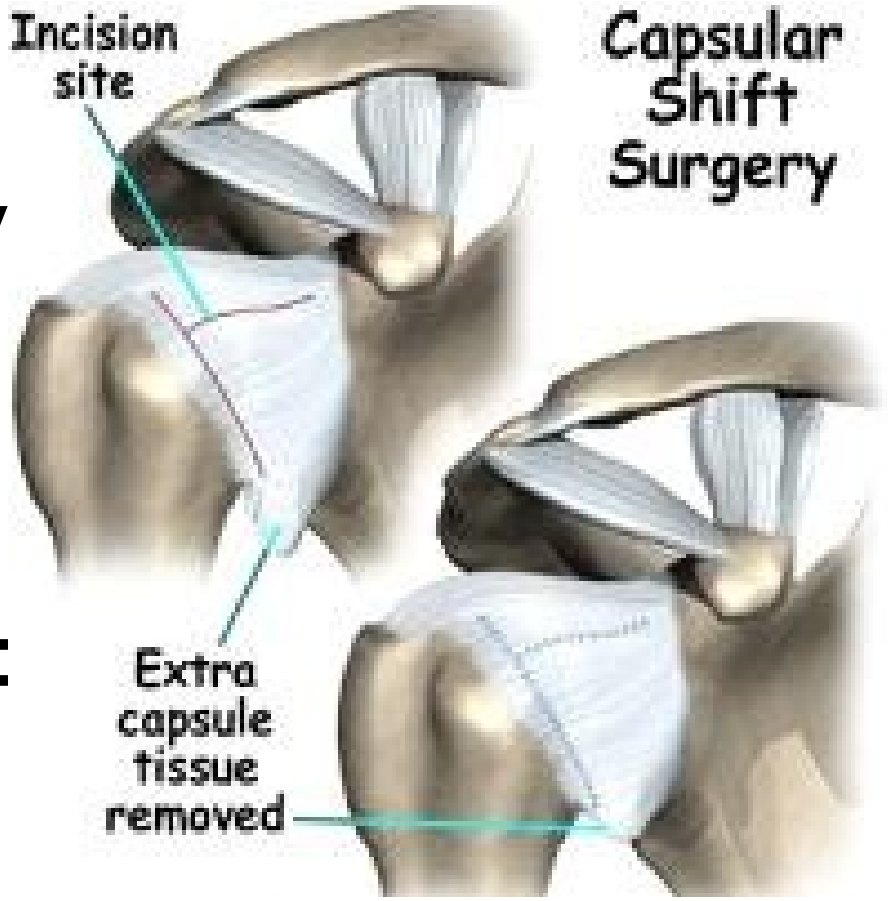


Inferior & Multidirectional Dislocation

Treatment

- **Nonoperative treatment favored**

If Surgery – Capsular Shift

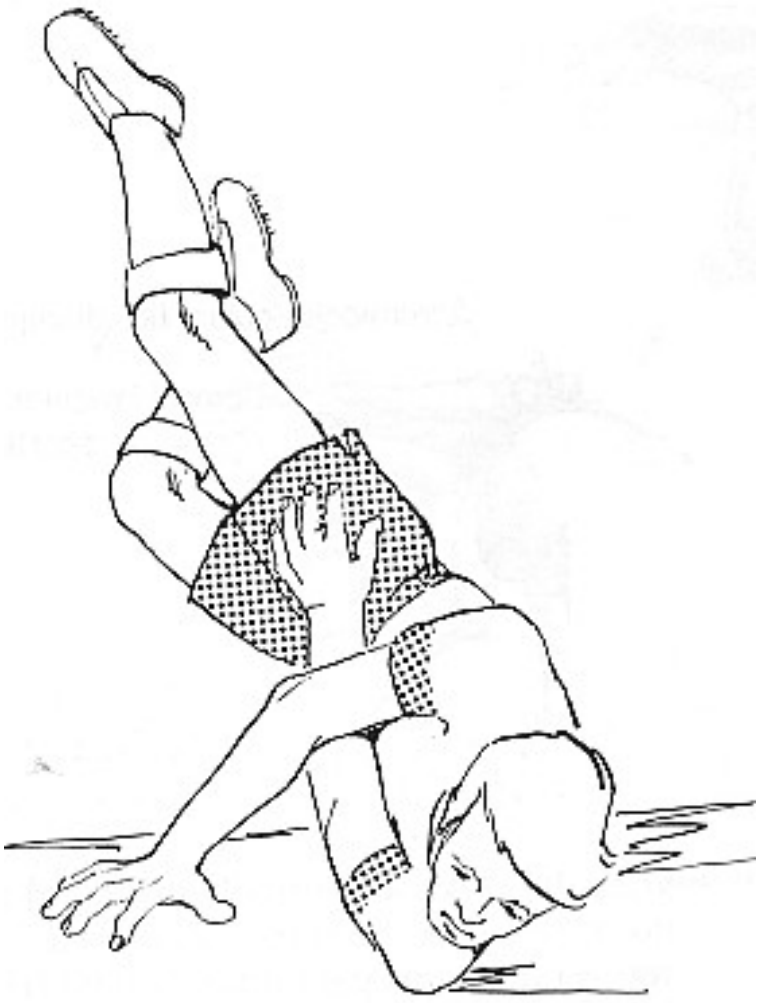


Acromioclavicular Separations

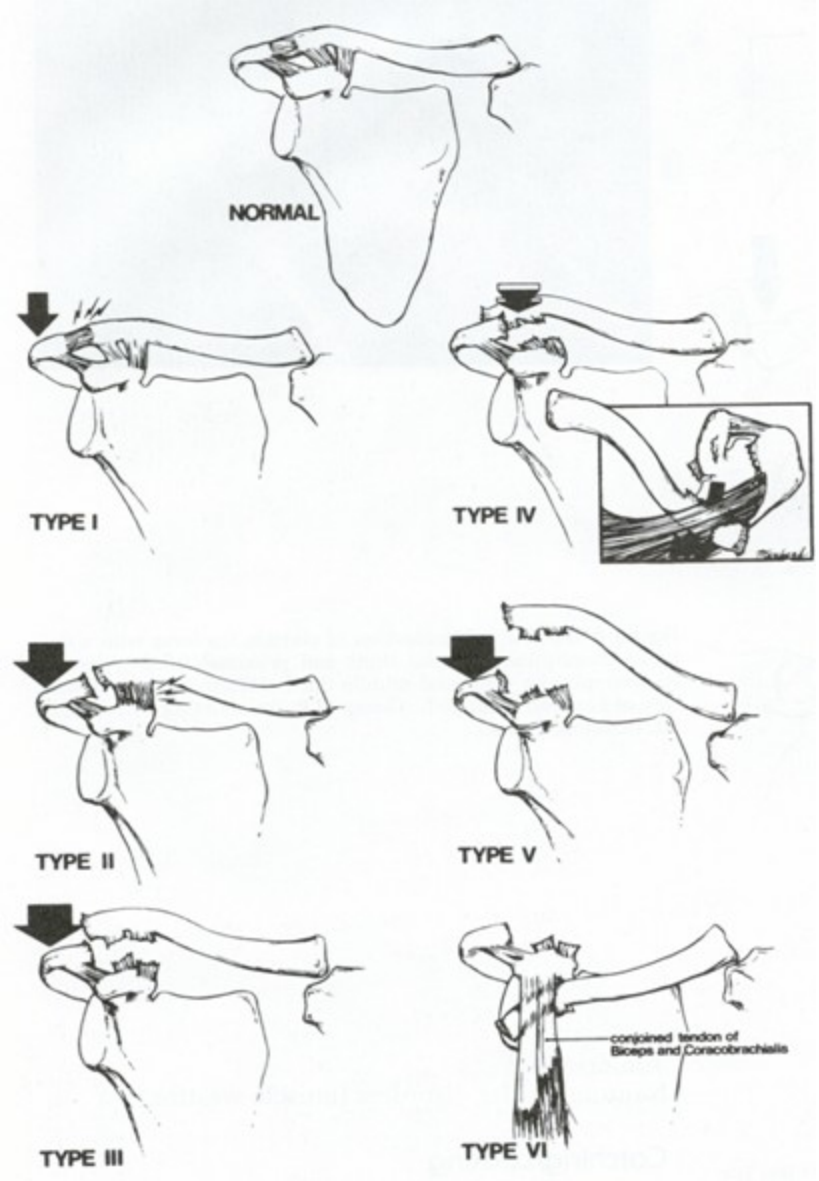
Acromioclavicular injuries (the so-called separated shoulder) can be classified into six types, and treatment is based on the specific type

A-C Separations

Mechanism of Injury: FOOSH or Fall onto the tip of the shoulder



A-C Separations



A-C Separations

Type I – AC ligament is partially disrupted; coracoclavicular (CC) ligament is intact

Type II – AC ligament is completely torn CC ligament is partially torn

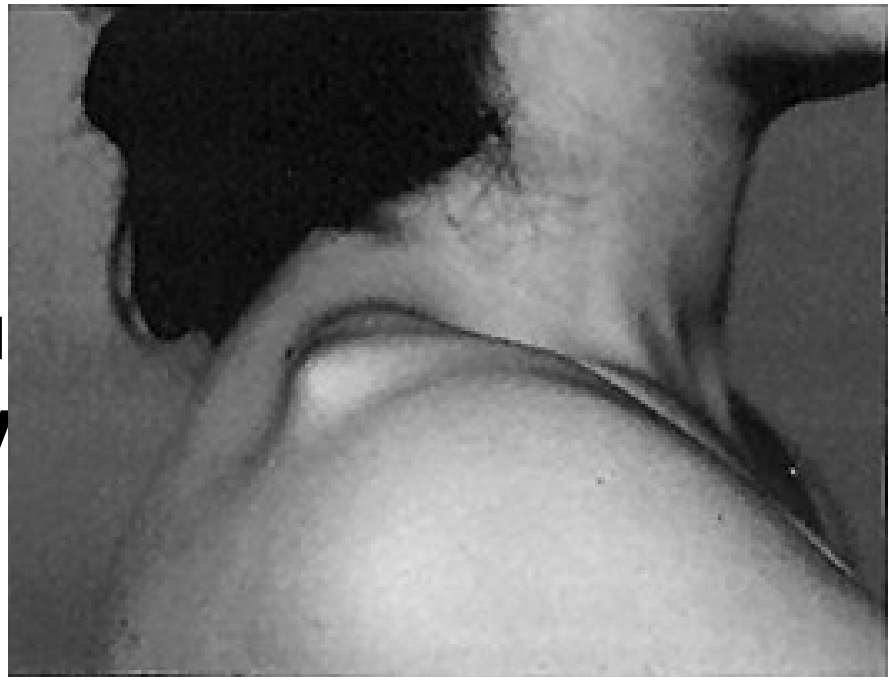
Type III – AC & CC ligaments are completely torn & there is complete separation of clavicle from the acromion.

Types IV – VI are uncommon

A-C Separations

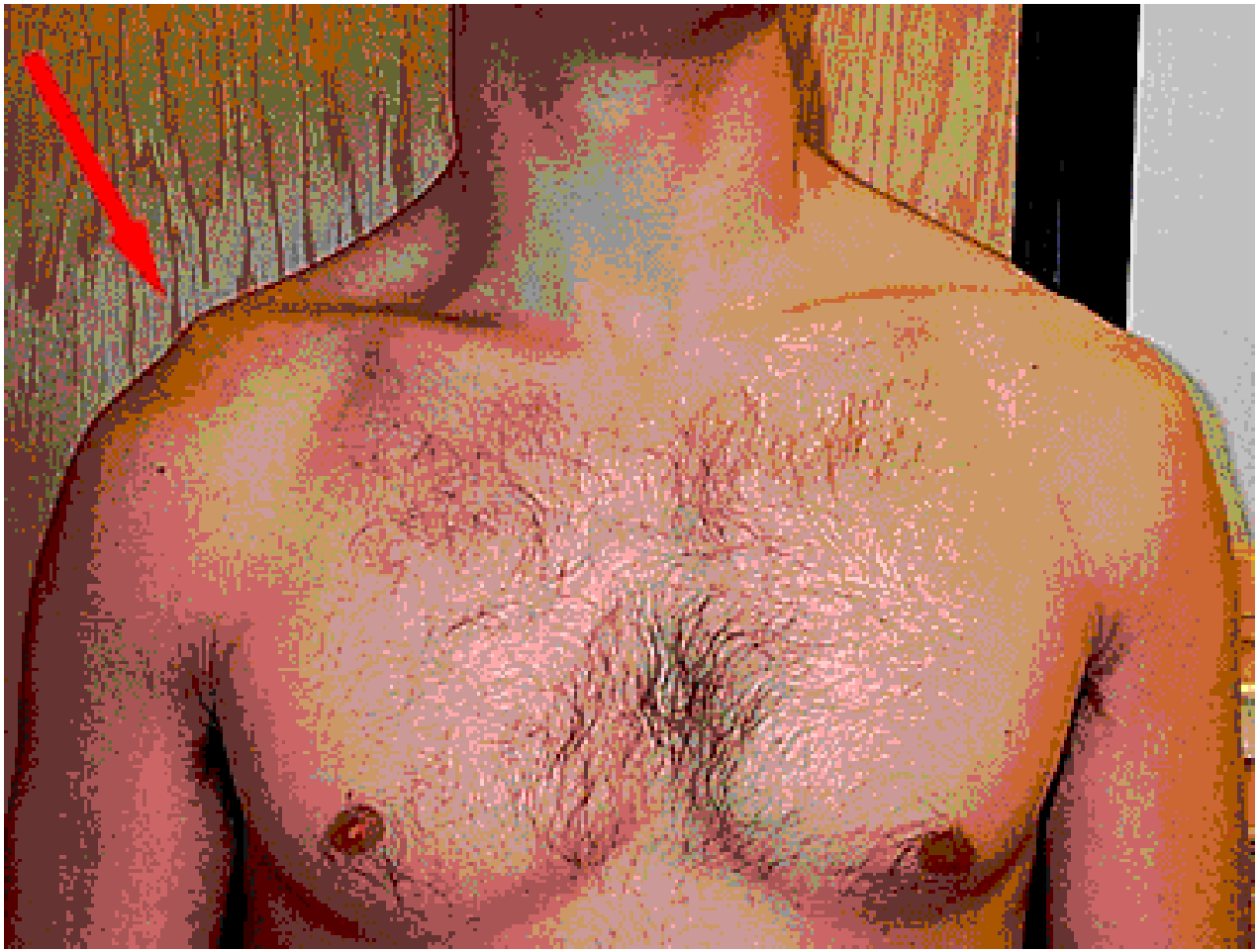
Signs and Symptoms

- Pain over A-C joint & lifting of the arm
- Swelling
- With Type III & higher…there an obviou cosmetically displeasing deformity



A-C Separations

A-C Separations



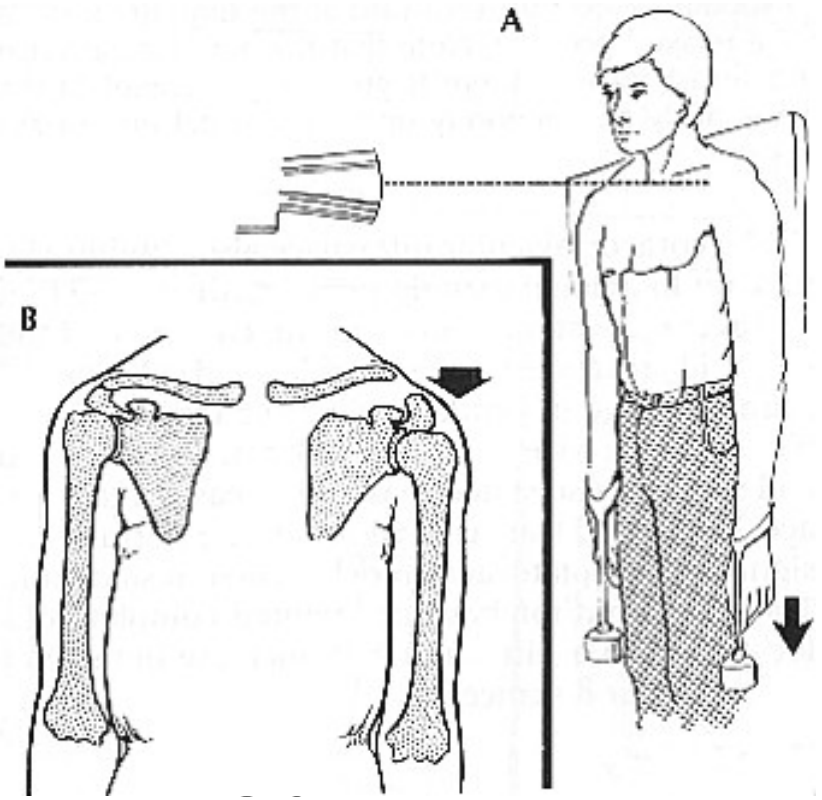
A-C Separations

Diagnosis

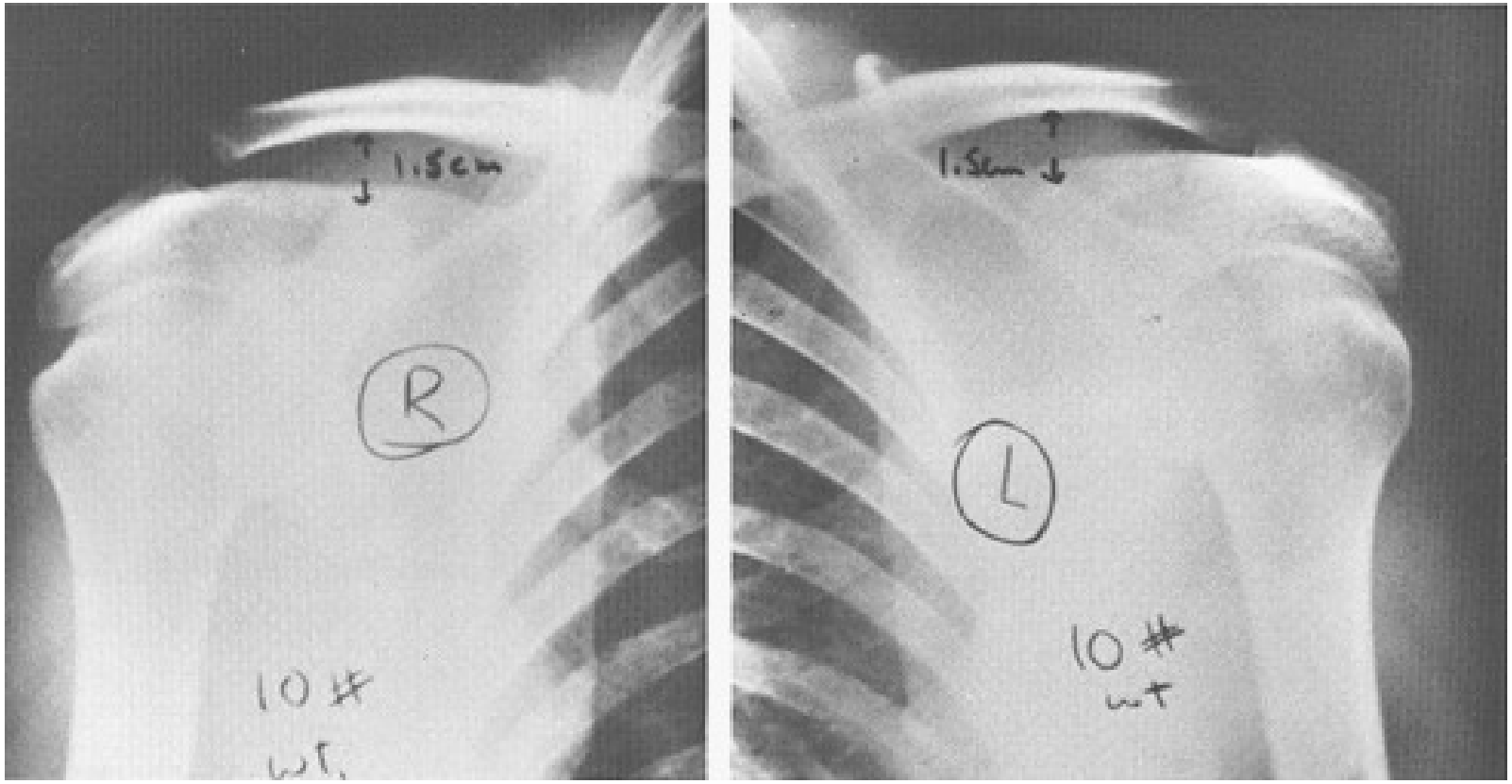
AP Xrays of both shoul will

higher A-C separations (with &

weights)



A-C Separations



A-C Separations

Treatment

- **Type I & II:**
  - **Rest & Ice**
  - **Sling, Sling & Swath, Shoulder Immobilizer or Figure-of-8-clavicle brace X 4-6 Weeks**
  - **NSAIDs, ASA or Tylenol®**
  - **Analgesics esp. at night**

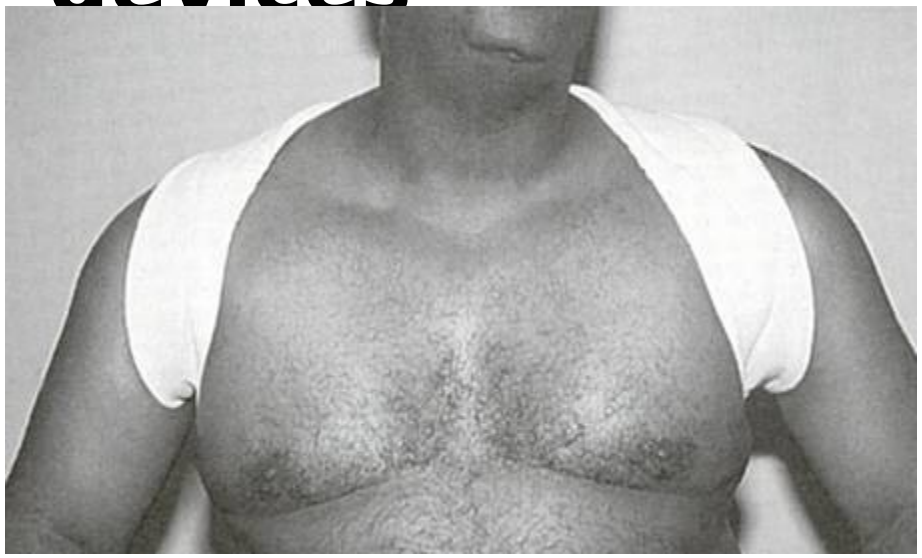
A-C Separations

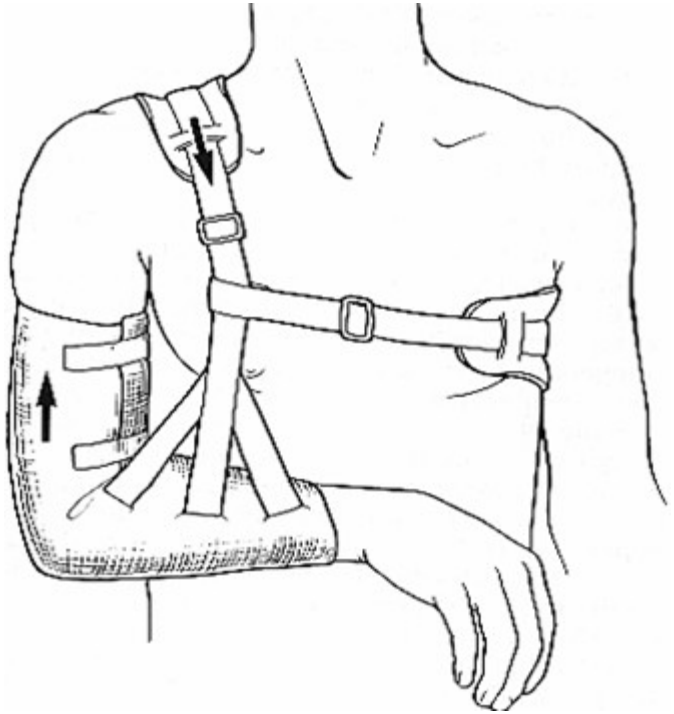
Treatment

- **Type III is controversial – Most are treated nonoperatively with good results**

A-C Separations

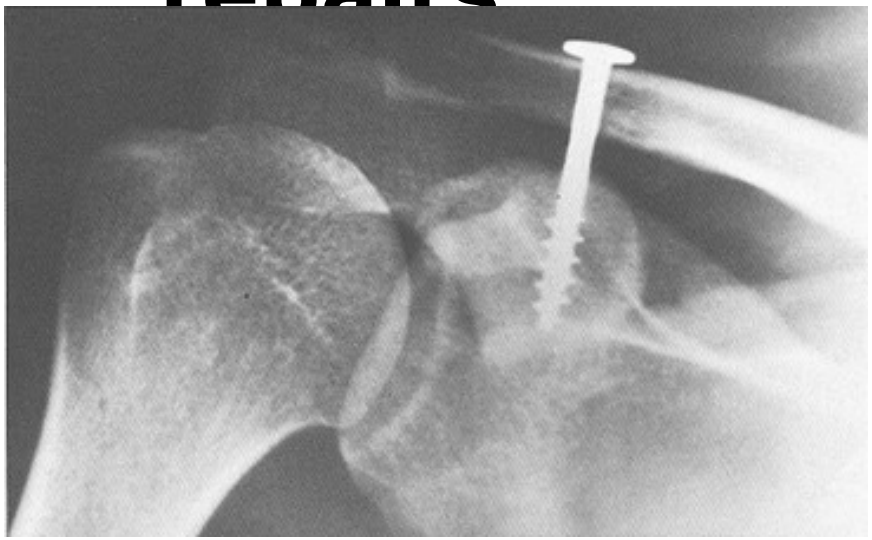
Immobilizing devices

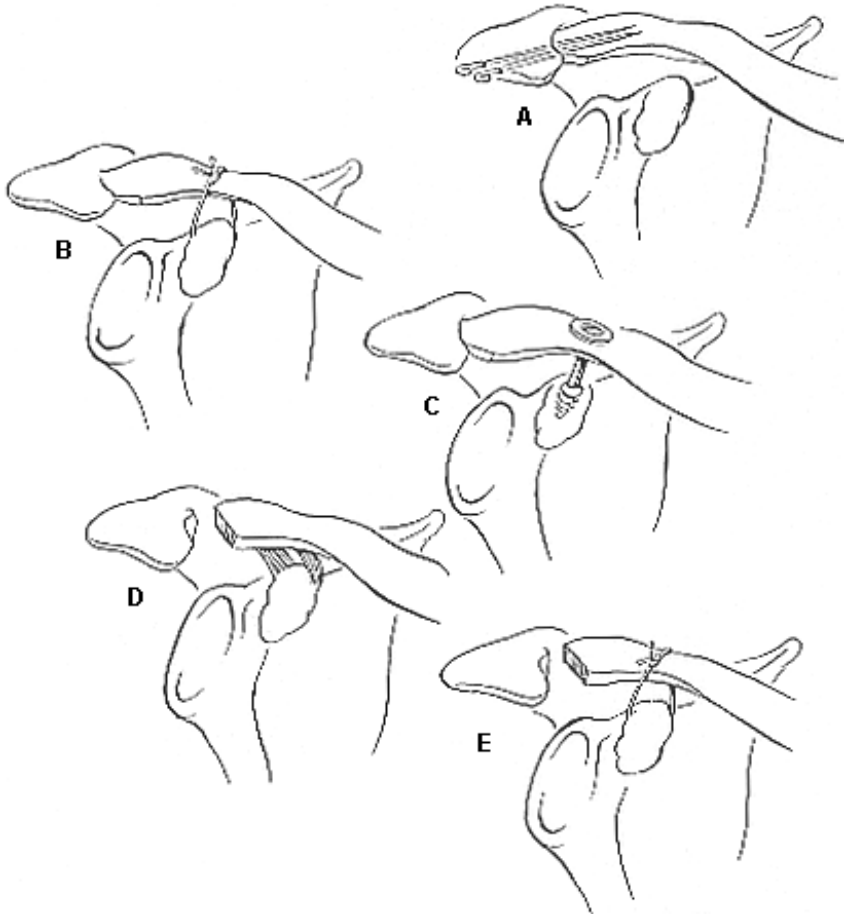




A-C Separations

Surgical repairs





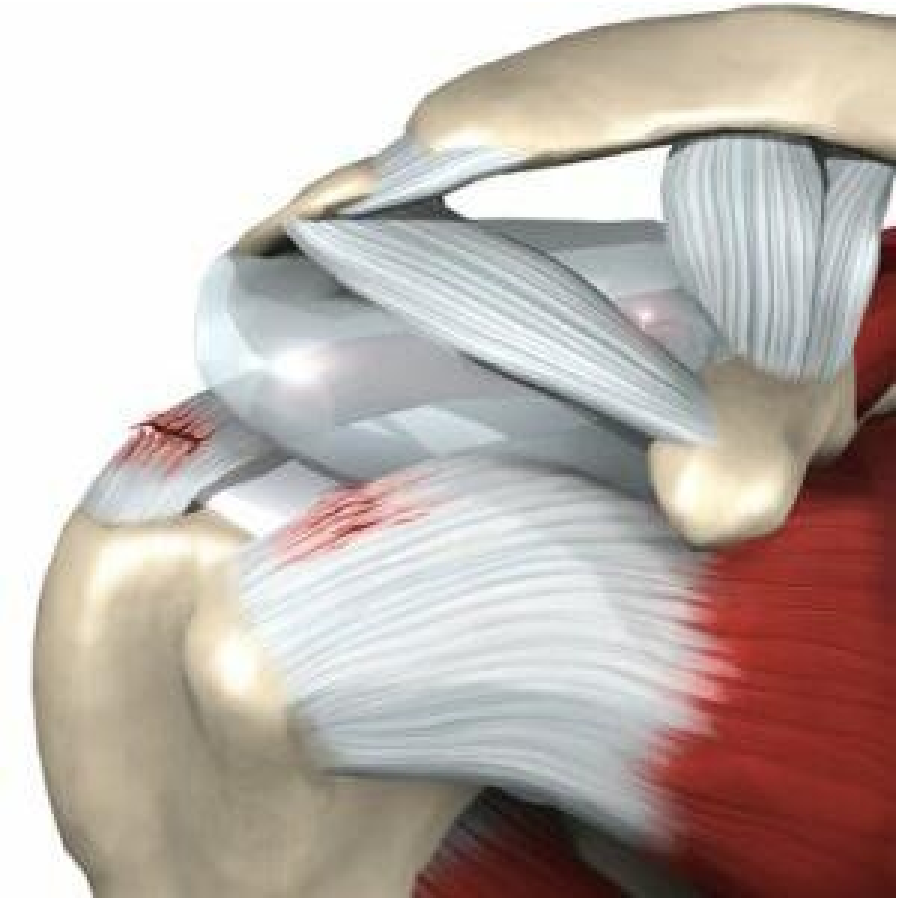
Rotator Cuff Syndrome

Definition: Rotator cuff syndrome or disease or impingement syndrome is a continuum of pathology starting with inflammatory changes in the sub acromial bursa and rotator cuff tendons, which may continue on to become a rotator cuff tendon rupture or tear…….

Rotator Cuff Syndrome

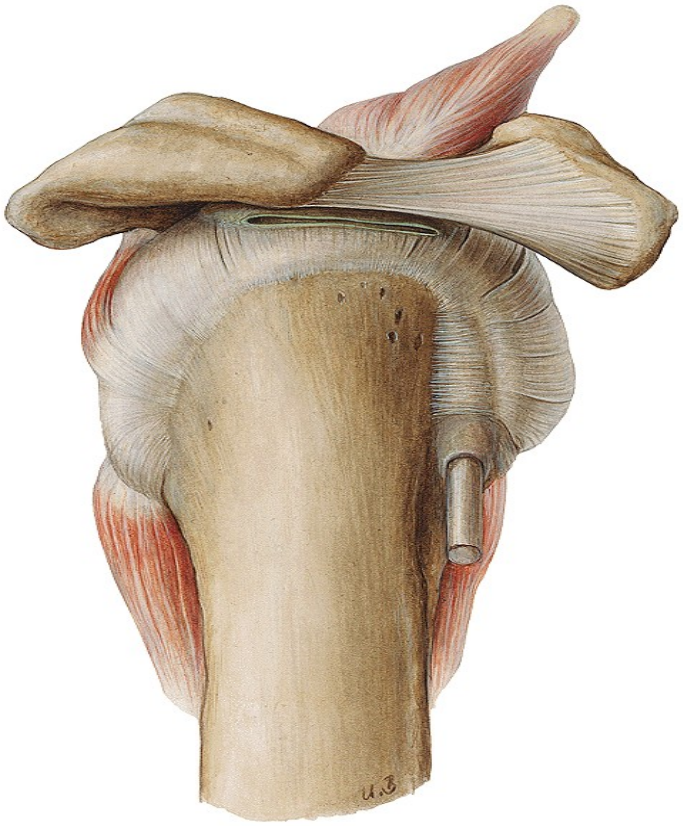
The rotator cuff is composed of four muscles: (SITS)

- **Supraspinatus**
- **Infraspinatus**
- **Teres Minor**
- **Subscapularis**



Rotator Cuff Syndrome

These muscles form a cover around the head of the humerus whose function is to rotate the arm and stabilize the humeral head against the glenoid

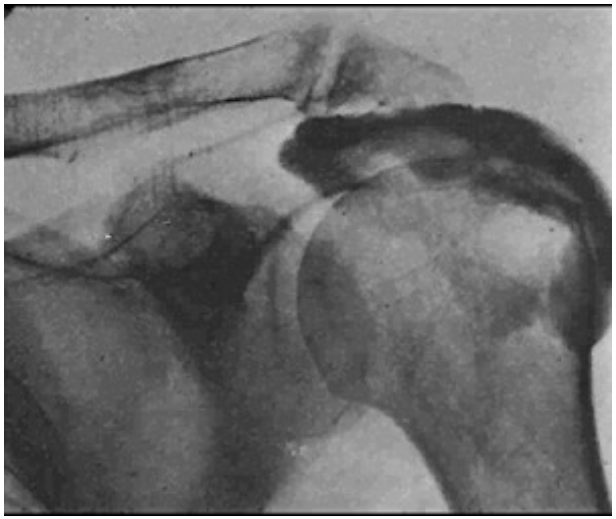


Rotator Cuff Syndrome

Rotator cuff disease primarily affects the Supraspinatus tendon

Signs and Symptoms

- **Pain, esp. at night**
- **Difficulty sleeping on it**
- **Weakness**
- **Catching**
- **Grating esp. with lifting the arm overhead**

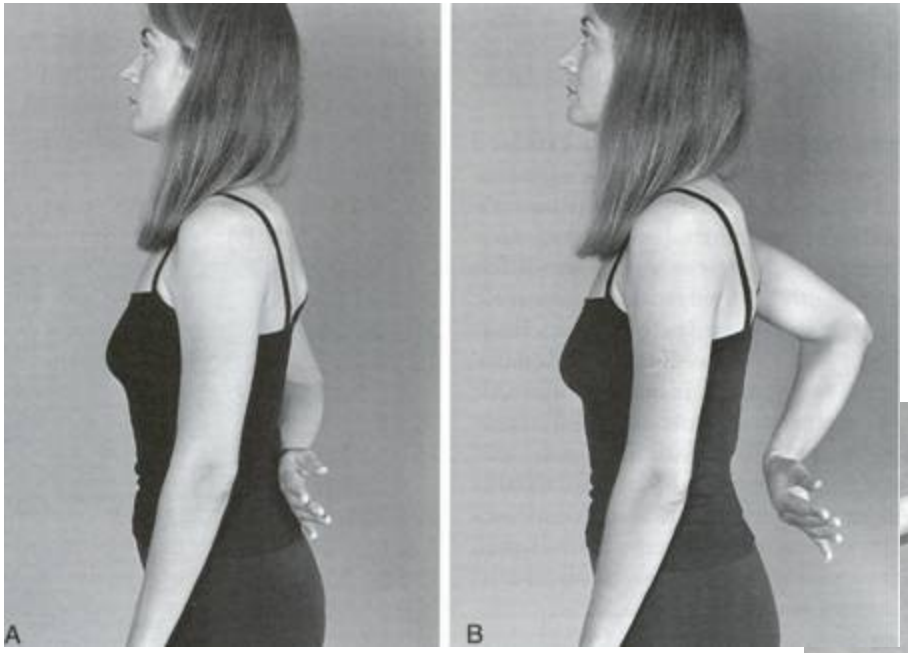


Rotator Cuff Syndrome

Physical Exam

- **Tenderness over greater tuberosity or A-C joint**
- **Muscle Atrophy**
- **AROM is limited (esp. Abduction & IR) but PROM is usually normal <u>except</u> in patients with a frozen shoulder**

Rotator Cuff Syndrome



PE

+ Drop-arm test

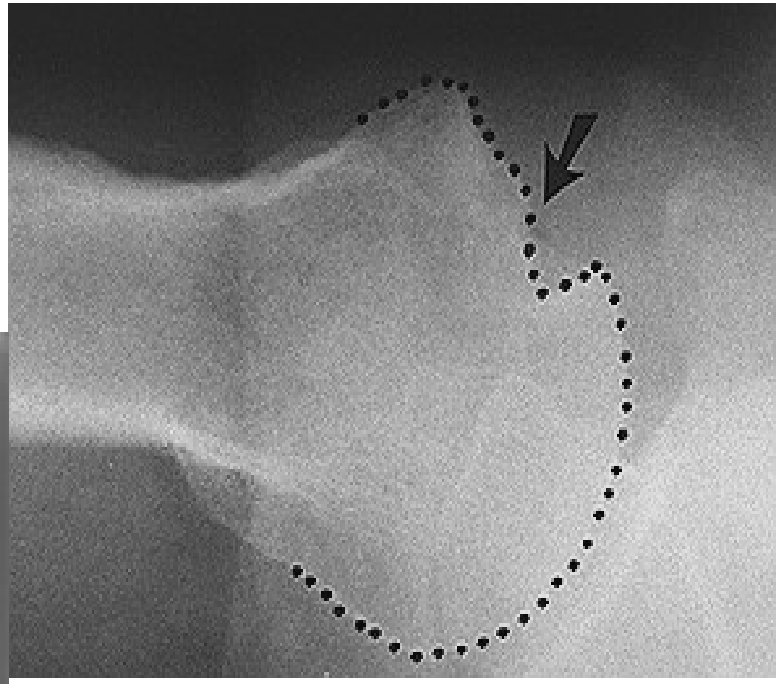
+ Lift-off test

Rotator Cuff Syndrome

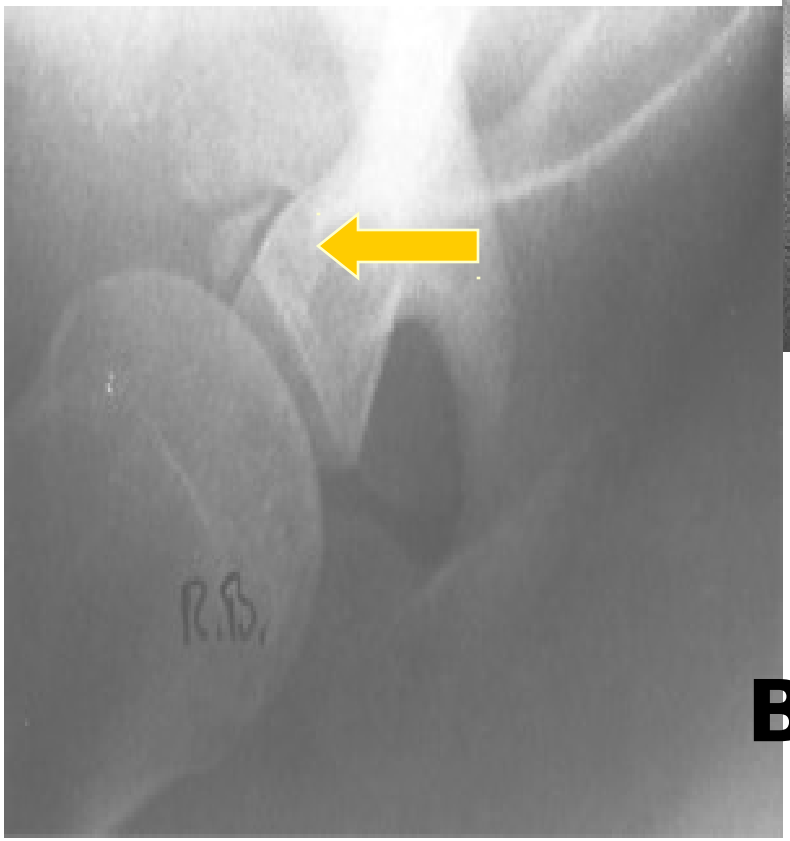
Diagnosis

- Xrays are usually normal unless DJD changes are present or in trauma
  - Osteophytes
  - Calcific changes wi
  - A-C joint DJD

Rotator Cuff Syndrome



Hill-Sachs Lesion



Bony Bankhart Lesion

Rotator Cuff Syndrome

Treatment: Conservative

- **Rest, Ice & Passive ROM ex's**
- **NSAIDs**
- **PT: strengthening esp. rotator cuff muscles**

Rotator Cuff Syndrome

Treatment: Conservative

- **Avoid overhead and painful activities**
- **Steroid injection should be used with caution (may decrease inflammation, provide pain relief, but steroid injections weakens tendon)**

Rotator Cuff Syndrome

Treatment: Surgical

- **Arthroscopic**
- **Open**

Rotator Cuff
Pre-Surgery

Rotator Cuff
Post-Surgery

Impingement Syndrome

Impingement between the rotator cuff tendons and subacromial bursa between the humeral head, greater tuberosity and the acromion occurs when the arm is elevated. This causes inflammation and edema and therefore increased impingement, in a self-perpetuating cycle……

Impingement Syndrome Classification

Stage I: Pt's < 25 with reversible edema & hemorrhage

Stage II: Pt's 25 – 40 with fibrosis, tendonitis & recurring pain with activity

Stage III: Pt's > 45 with bone spurs or osteophytes & rotator cuff tendon rupture

Impingement Syndrome

Differential Diagnosis

- Subacromial Bursitis
- Supraspinatus Tendonitis
- A-C Arthritis
- Bicipital Tendonitis
- Calcific Tendonitis
- Adhesive Capsulitis
- Thoracic Outlet Syndrome

Subacromial Bursitis

Signs and Symptoms

- Inability to use the arm in the overhead position (Flexed & Internally rotated or Abduction) due to pain, stiffness, weakness & catching
- Pain with sleeping on the affected side
- Pain in the acromial area

Subacromial Bursitis

Physical Exam

+ Neer Impingement Sign

+ Hawkins Impingement Sign

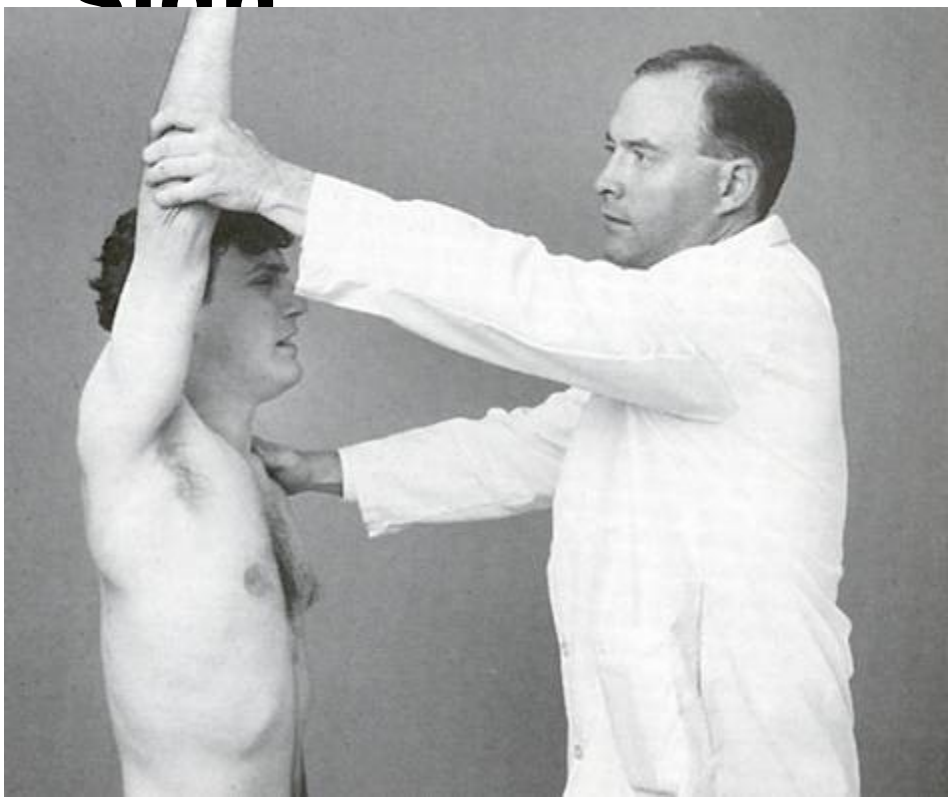
+ Impingement Sign

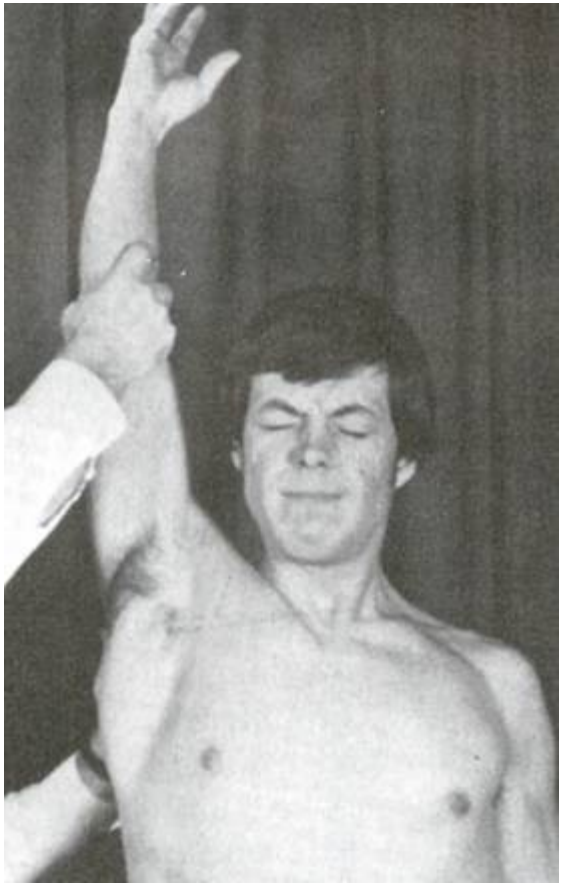
Differential Diagnosis

Impingement Test

Subacromial Bursitis

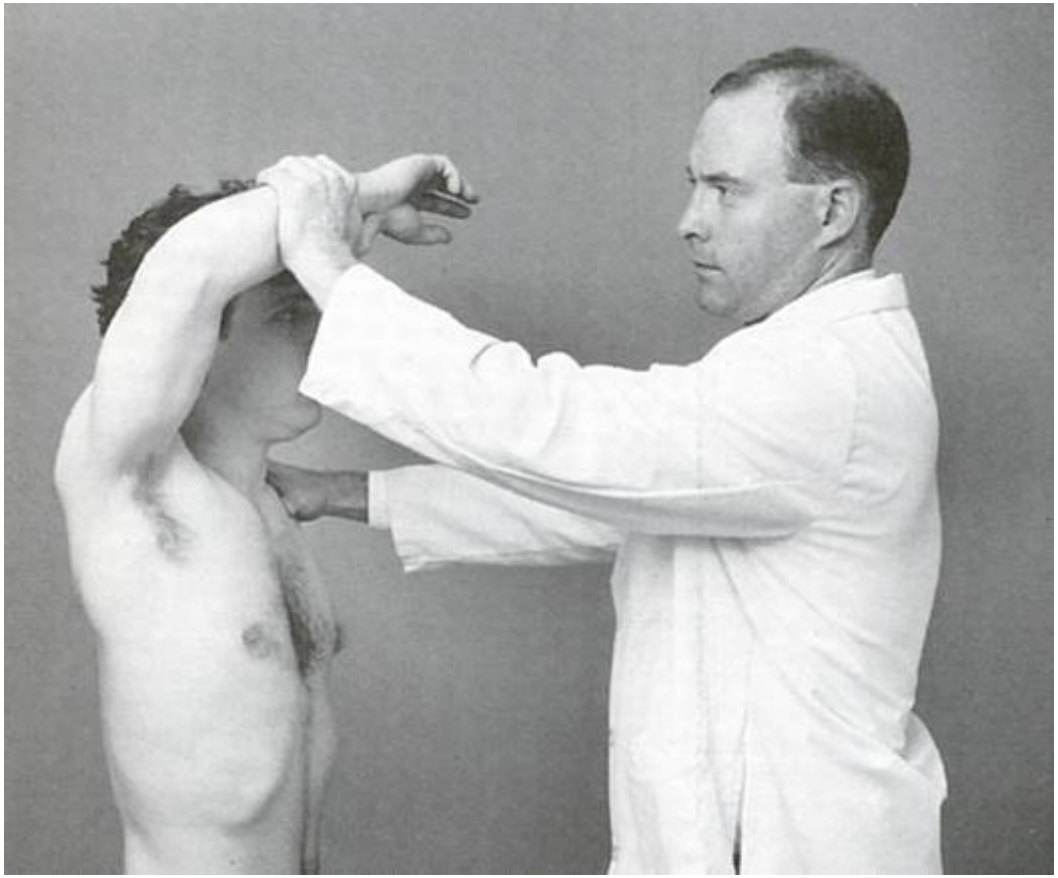
+ Neer Impingement Sign





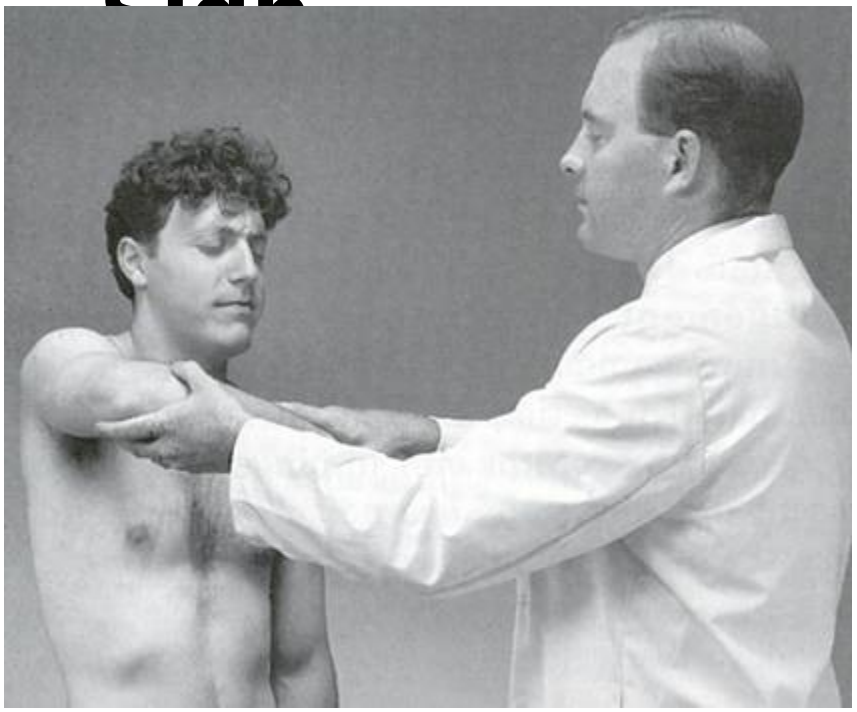
Subacromial Bursitis

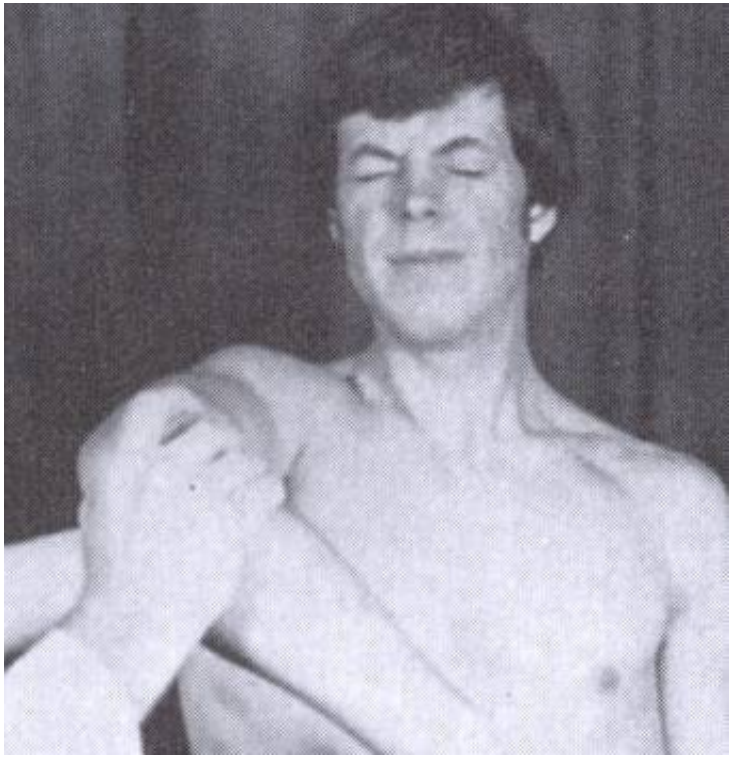
+ Modified Neer Impingement Sign



Subacromial Bursitis

+ Hawkins Impingement Sign





Subacromial Bursitis

Impingement Test – instill 10cc 1% plain local anesthetic into the subacromial space followed by impingement testing

Subacromial Bursitis

Complete pain relief supports a diagnosis of impingement syndrome

To demonstrate supraspinatus weakness compare using the supraspinatus test – If initially patient was weak but strong post injection then inflammation & fibrosis is consistent vs rotator cuff tear

Subacromial Bursitis

TX: Conservative

- **Rest & Ice**
- **Avoidance of overhead activities**
- **PT (ROM ex's & Rotator cuff strengthening ex's)**
- **Ultrasound/Phonophoresis/ Iontophoresis**
- **NSAIDs, ASA or Tylenol®**
- **Corticosteroid injections**

Subacromial Bursitis

Treatment: Surgical

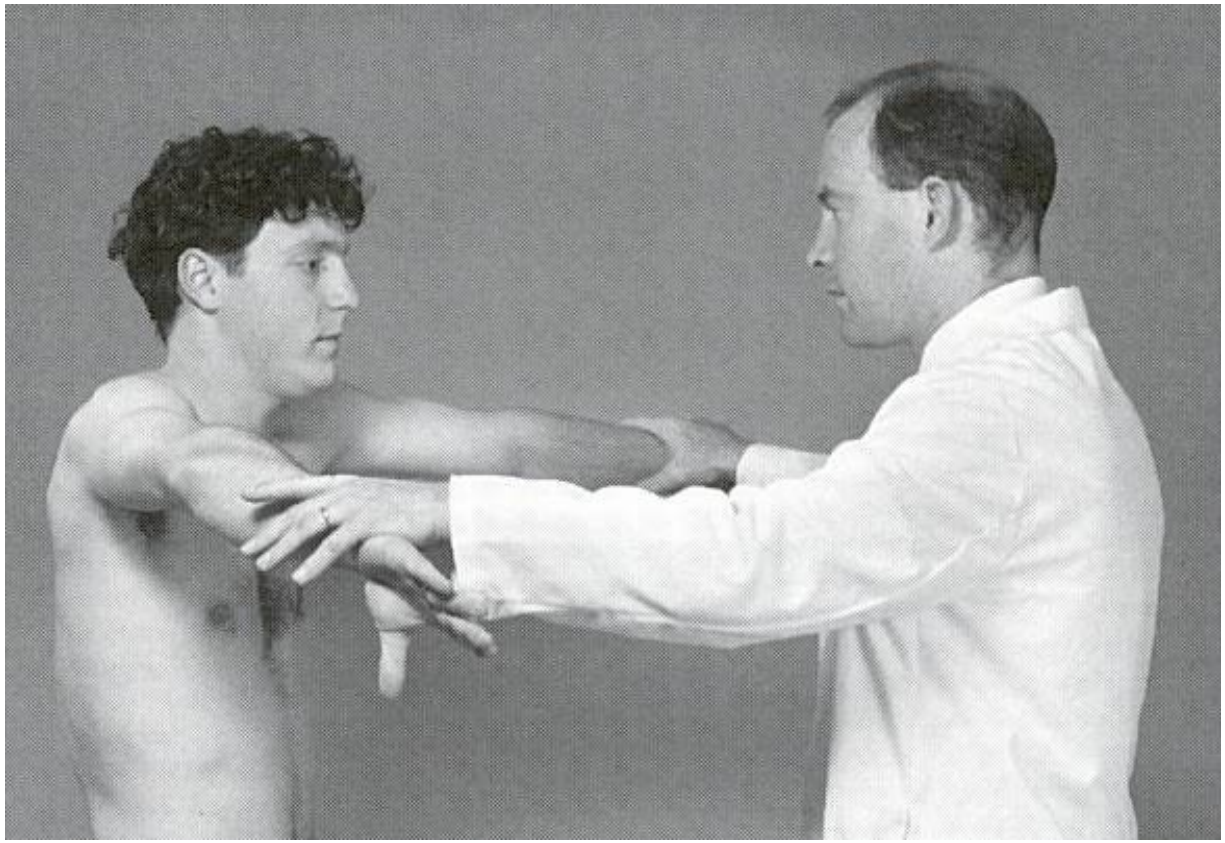
- **Bursectomy**
- **Acromioplasty (Decompression)**
- **Arthroscopically or Open**

Supraspinatus Tendonitis

Signs and symptoms are identical to subacromial bursitis except the inflammation is within the tendon vs bursa

+ Supraspinatus test but no weakness

Supraspinatus Test



Supraspinatus Tendonitis

Treatment: Conservative

- **Rest & Ice**
- **Avoidance of overhead activities**
- **PT (ROM ex's & Rotator cuff strengthening ex's)**
- **Ultrasound (Phonophoresis or Iontophoresis)**
- **NSAIDs, ASA or Tylenol®**
- **Corticosteroid injections**

Supraspinatus Tendonitis

Treatment: Surgical

- **Arthroscopic (Debridement & Acromioplasty)**
- **Open (Acromioplasty, Debridement & RC repair)**

Acromioclavicular (A-C) Arthritis/Arthropathy

Signs and Symptoms

- **A-C joint tenderness**
- **DJD change on Xrays**

Physical Exam

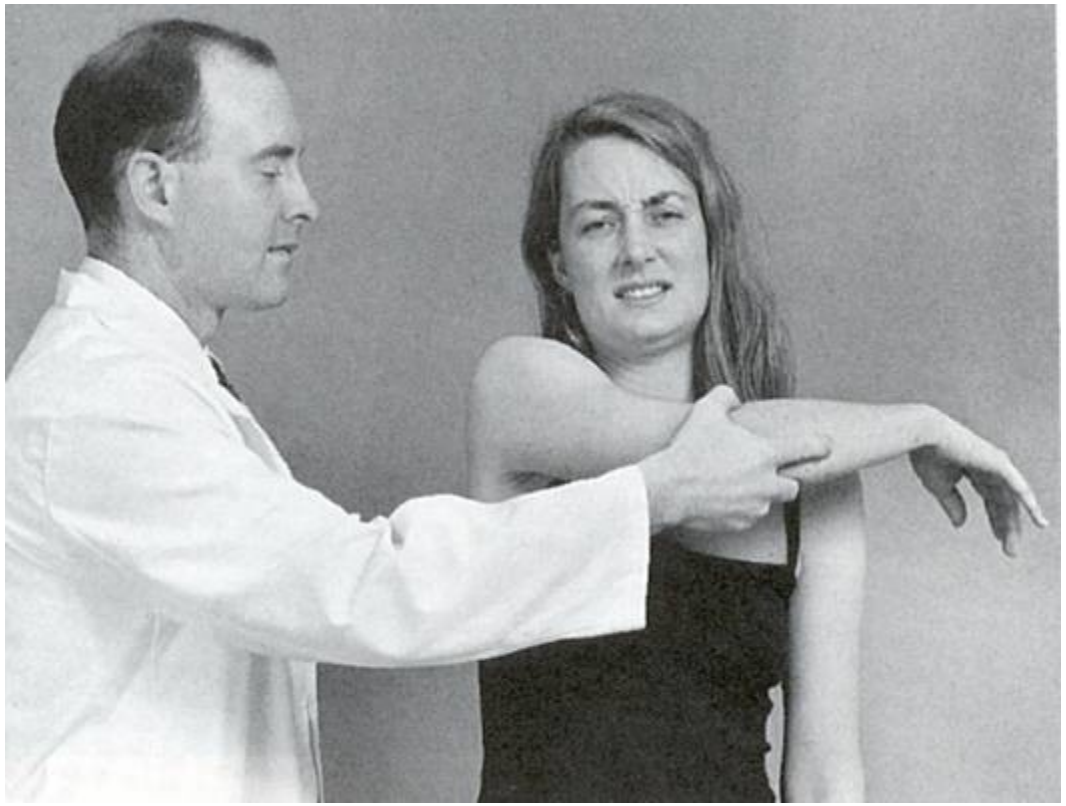
- **+ Cross-body Adduction**

Diagnosis

- **Lidocaine injection into the A-C Joint**

Acromioclavicular (A-c) Arthritis/Arthropathy

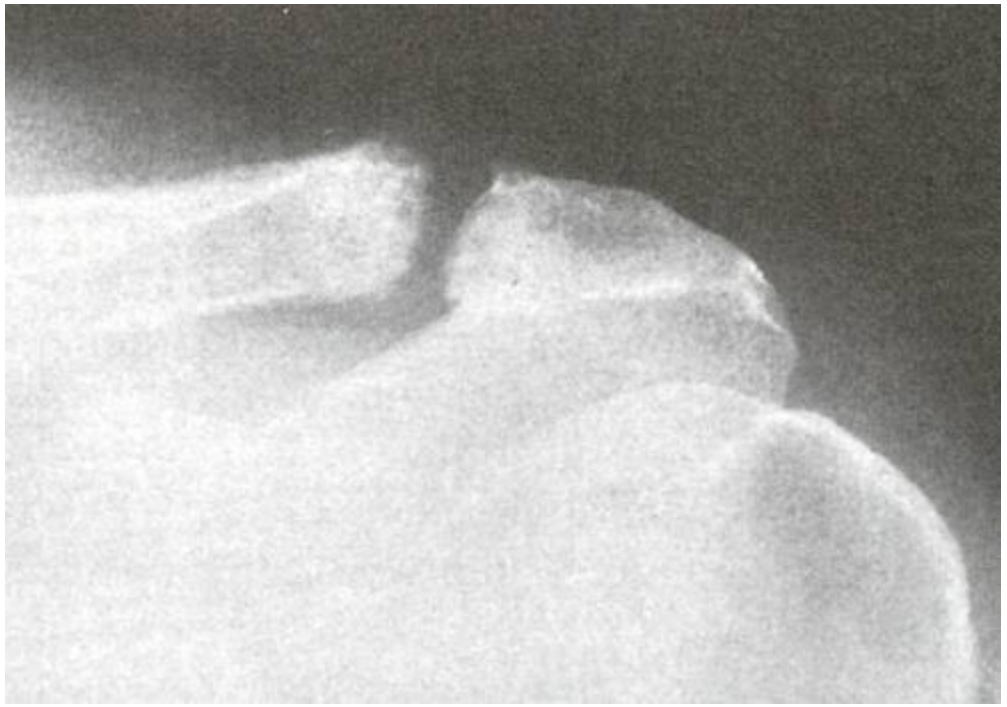
+ Cross-Body Adduction Test



Acromioclavicular (A-C) Arthritis/Arthropathy

Xrays: DJD changes & possible osteolysis or bone cysts

Diagnosis: Lidocaine injection into the A-C Joint



Acromioclavicular (A-C) Arthritis/Arthropathy

Treatment: Conservative

- **Rest & Ice**
- **Avoidance of overhead activities**
- **PT (ROM ex's & Rotator cuff strengthening ex's)**
- **Ultrasound (Phonophoresis or Iontophoresis)**
- **NSAIDs, ASA or Tylenol®**
- **Corticosteroid injections**

Acromioclavicular (A-C) Arthritis/Arthropathy

Treatment: Surgical

- **Open (Acromioplasty & distal clavicle resection using Mumford procedure)**

Bicipital Tendonitis

Signs and Symptoms

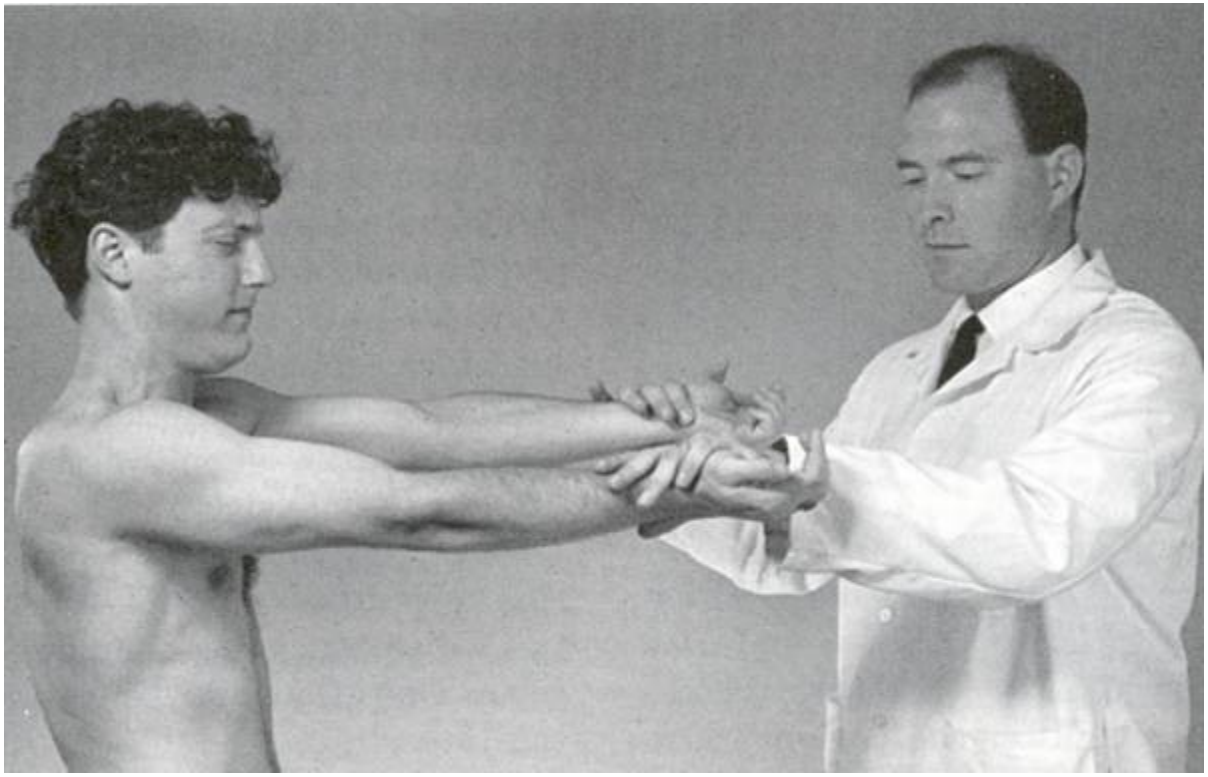
- **Pain to palpation over bicipital groove or tendon**

Physical Exam

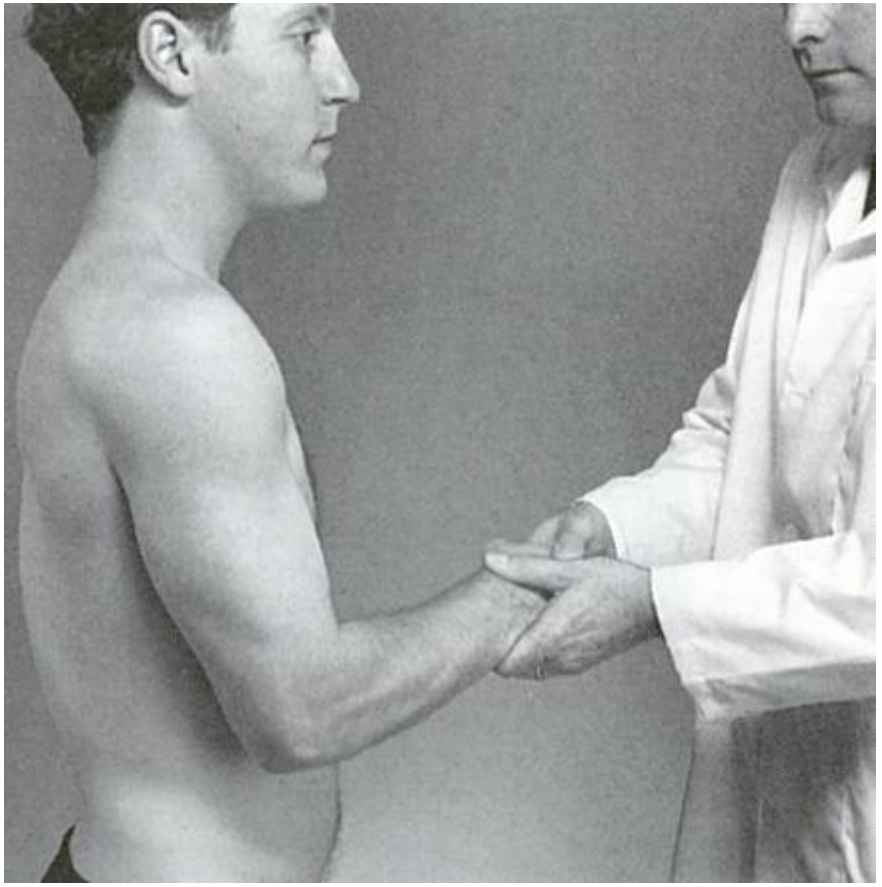
- **+Speed's Test**
- **+Yergason's Test**

Bicipital Tendonitis

+ Speed’s Test



Bicipital Tendonitis
+ Yergason's Test



Bicipital Tendonitis

Treatment: Conservative

- **Rest & Ice**
- **Avoidance of overhead activities**
- **PT (ROM ex's & Rotator cuff strengthening ex's)**
- **Ultrasound (Phonophoresis or Iontophoresis)**
- **NSAIDs, ASA or Tylenol®**
- **Corticosteroid injections (BEWARE!)**

Bicipital Tendonitis

Treatment: Surgical

- **Arthroscopic**
- **Open**

Calcific Tendonitis

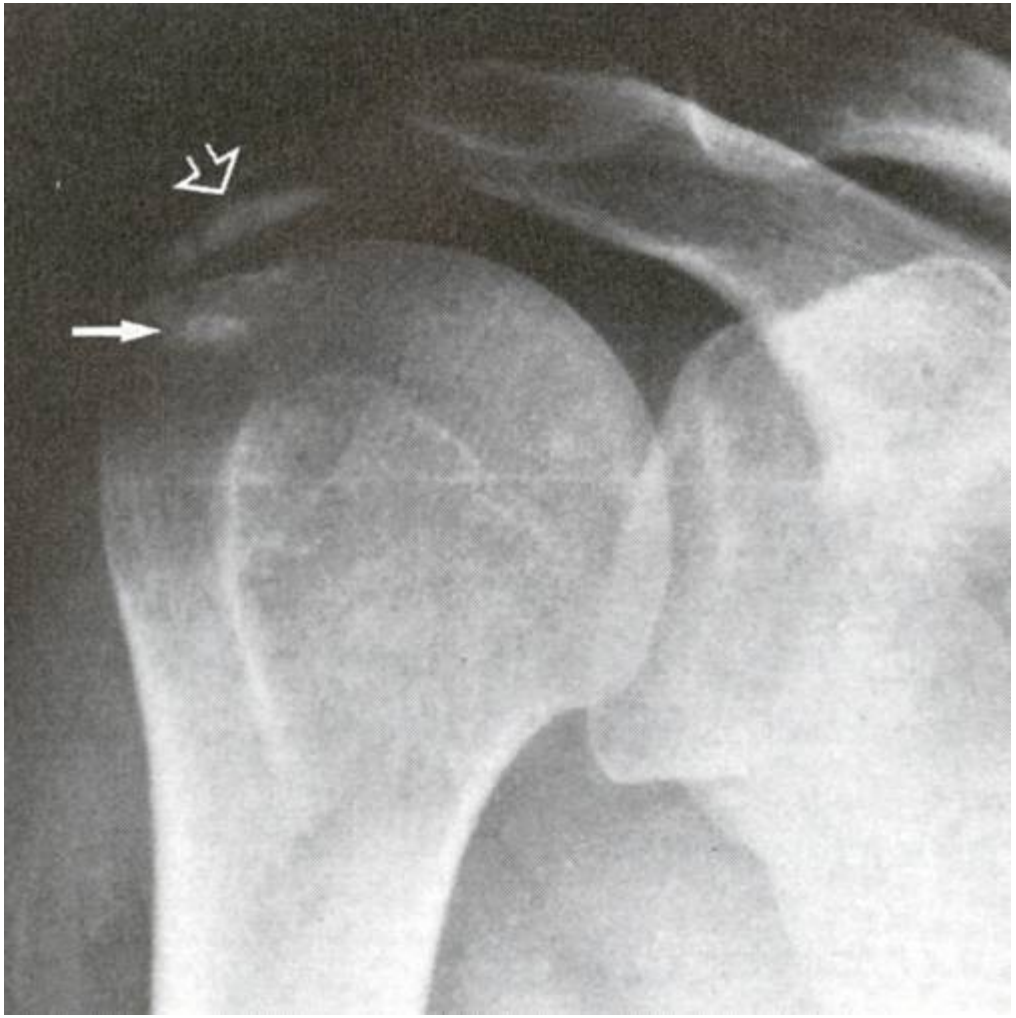
Signs and Symptoms

- **Localized tenderness**
- **Associated with impingement from increased size of the tendon**

Calcific Tendonitis

Diagnosis

Xrays



Calcific Tendonitis

Treatment: Nonoperative

- **Physical therapy**
- **Needling calcification with local anesthetic**
- **Radiotherapy**

Treatment: Operative

- **Surgical excision**

Adhesive Capsulitis

- **“Frozen Shoulder”**
- **Idiopathic loss of both active and passive motion**
- **Most commonly affects patients between 40 & 60**
- **Most common risk factor is DM Type I**

Adhesive Capsulitis

- **Patients typically have 2 phases**
  - **“freezing” phase with pain & progressive loss of motion**
  - **“thawing” phase of decreasing discomfort associated with a slow but steady improvement in range-of-motion**

Adhesive Capsulitis

Physical Exam -- reveals significant reduction in both active & passive range-of-motion, at least 50%, when compared with the opposite normal shoulder

Motion is painful, especially at the extremes

Pain & tenderness are common at the deltoid insertion

Adhesive Capsulitis

Treatment

- NSAIDs
- Non-narcotic analgesics
- Moist Heat
- Stretching program 3-4 x daily
- ? Consider a corticosteroid injection

Thoracic Outlet Syndrome

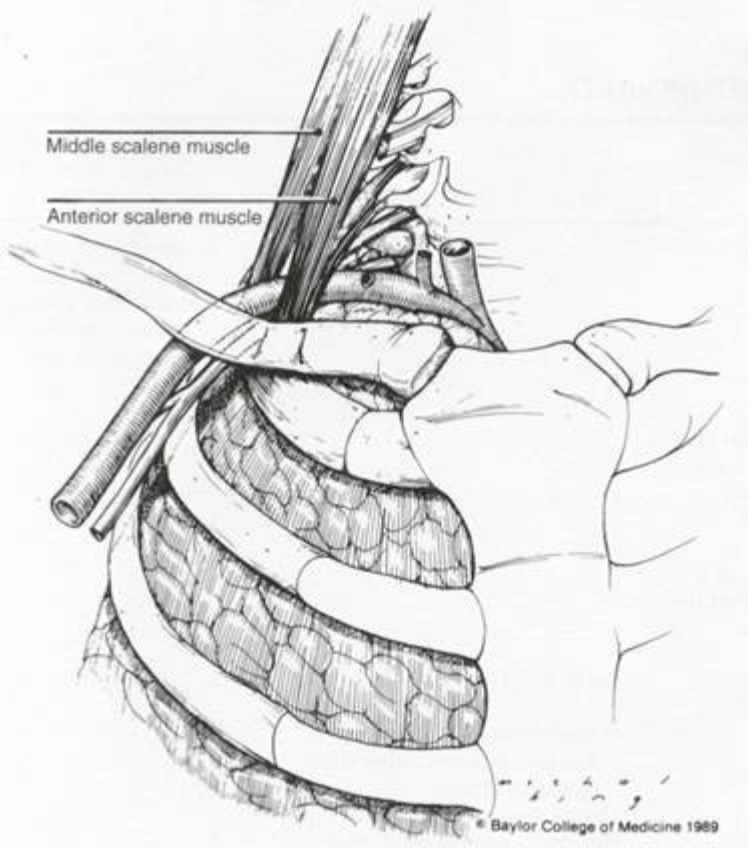
Thoracic outlet syndrome - compression of a portion of the brachial plexus, most commonly the lower portion [C8, T1], and the axillary artery

Thoracic Outlet Syndrome

Etiology

Compression by the scalene muscles/first rib on the late
c

and the subclavian artery



Thoracic Outlet Syndrome

Signs/Symptoms

Related to overuse- paresthesias to hand and arm, pain in upper extremity and neck, weakness of ex

drooping shoulder girdle, clear correlation with postu and position

Thoracic Outlet Syndrome

Diagnosis

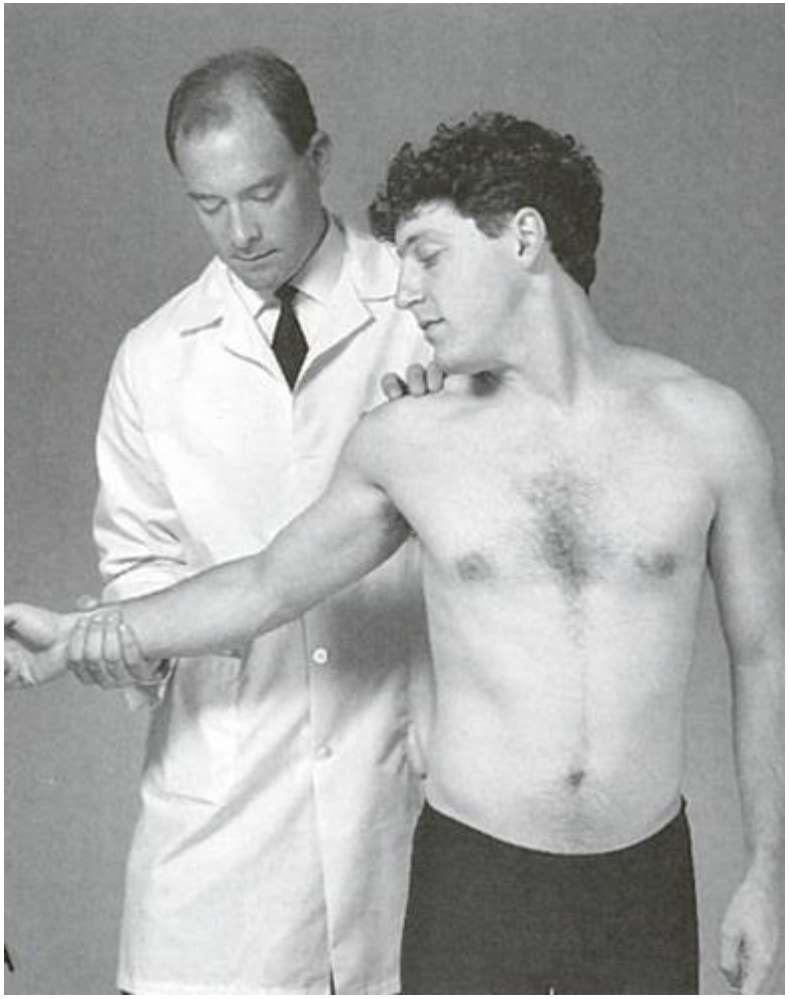
Adson's Maneuver

Wright's Test

Roos Test

Thoracic Outlet Syndrome

Adson's maneuver - shoulder extension and head rotation to the ipsilateral side while holding a breath leads to loss of the radial pulse

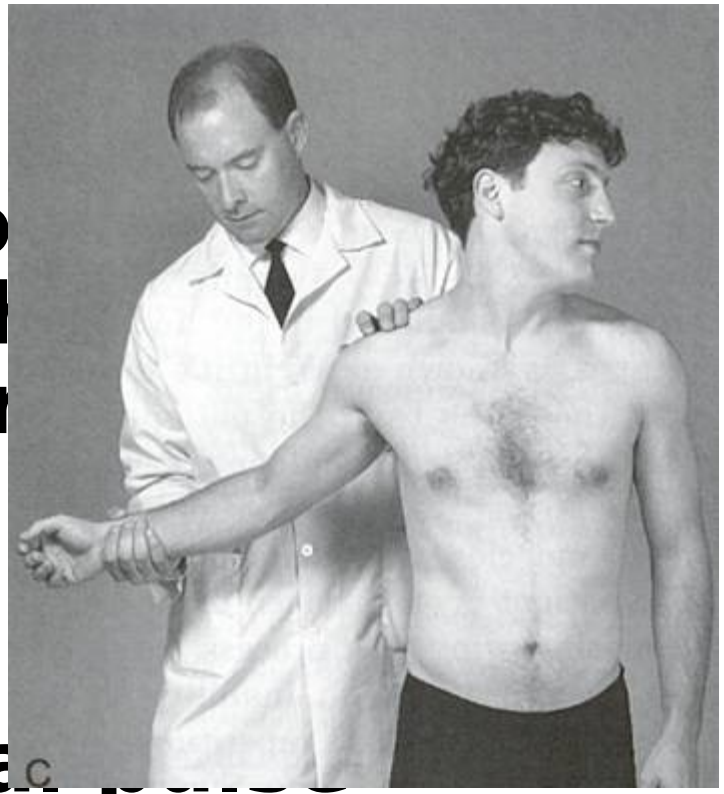


Thoracic Outlet Syndrome

Modified Adson's (Wright's) test

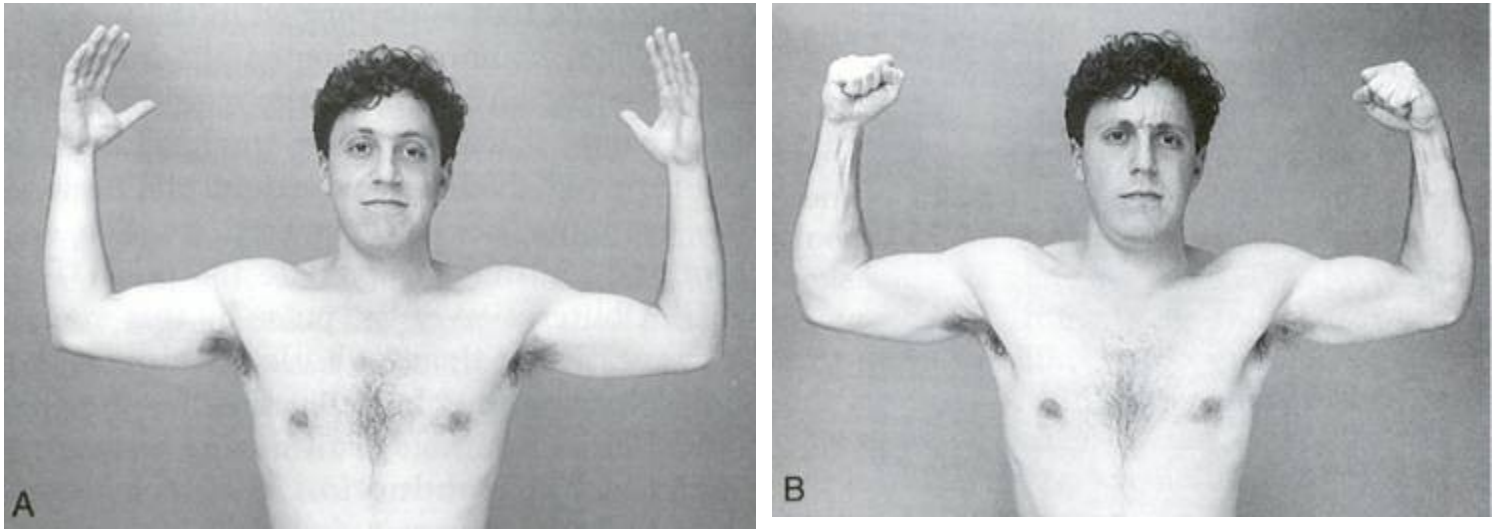
Shoulder extension, abduction to 90
degrees, and
external ro
with
r

side
leads to loss of
the radia



Thoracic Outlet Syndrome

Roos test - the arms elevated past 90 degrees and the hands opened and closed rapidly 15 times leads to cramping/tingling of the hands (claudication)



Thoracic Outlet Syndrome

- **Treatment options**
  - **Nonoperative - physical therapy, postural training**
  - **Operative - first rib resection, others**

Summary

Steps in the general examination of the anterior shoulder

Mechanisms of injury, clinical signs and symptoms, diagnostic tests, and treatment for common shoulder disorders